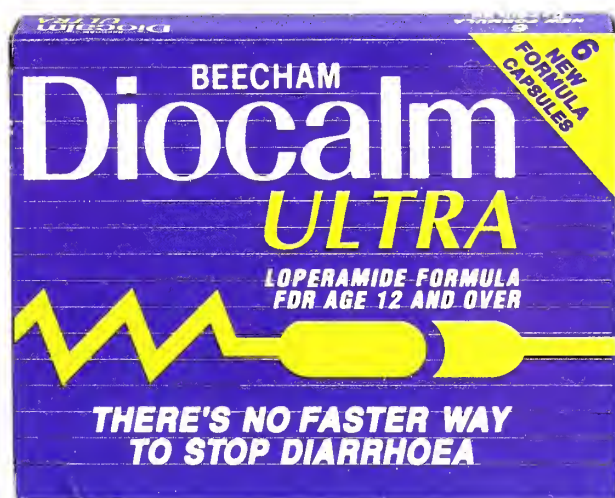


CHEMIST & DRUGGIST

The newswweekly for pharmacy

July 13, 1991

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Boots target repeat items at surgeries?

Silverman quits RPSGB Council

PSNC launches diabetes trial in pharmacies

Audit Office to check pharmacy

Chemist jailed for practising as a pharmacist

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Comment

In a year when the working party on the future of community pharmacy is in active pursuit of realistic new roles, positive PR is essential as the profession seeks to present a united front, especially to a market-economy minded Government. It is unnecessary and divisive that Boots the Chemists should seek, at this time, to launch a unilateral initiative (p52) to provide pharmaceutical services of the type likely to be identified for the whole profession, when the working party's deliberations are incomplete and none of its ideas have been "sold" to Government.

Naturally Boots have presented their proposals to Council, not to gain professional plaudits, but to check that they are lawful and ethical: we understand Council deems they are. The problem for pharmacy, if not for Boots, is that by freely providing now some of those very services the entire profession may have been asked to tender for in the future, the company has largely removed from the Government any need to make them available more widely within the NHS. It is the timing, not the content, of the Boots' plan that is so cynical. It is Boots' commercial muscle that both makes such action

possible and deadly, not just for independent pharmacists, but also for the public. If successful the Boots' initiative could result in less consumer choice, but before then patients and doctors will be bombarded with a plethora of proposals for private professional services, rather than an FHSA-led provision of those deemed necessary and desirable.

The fact that Boots may be planning pilot launches, rather than a national extravaganza, does not diminish the scheme's import or impact. The National Pharmaceutical Association will be obliged to provide members with the means to give the public a choice. An unseemly scramble for business is in prospect. *Chemist & Druggist* has held back from exposing Boots plans while the profession's leaders sought to dissuade the company from launch before Government acceptance of working party proposals, but to no avail. For a company with the commercial clout and professional nous of Boots such a delay would hardly have been fatal. For a profession often divided against itself, the company's pre-emptive move will create new divisions, at a stroke removing the need for Government to pay for new services rendered to the public.

Boots NHS initiatives upset independents

Boots the Chemists are on the verge of launching a number of initiatives to secure their share of NHS business from residential homes and to extend the services offered to walk-in patients at their 1,000 high street pharmacies.

The company is understood to be:

- planning to make a repeat prescription surgery collection service available from all its pharmacies, which will be advertised to the public.
- looking to set up "pharmacy service centres" dedicated to providing specialist services (which may include TPN and cytotoxics) on a 24 hour basis to residential homes. Such units will not be open to the public and will be staffed by dedicated "consultant pharmacists" and support staff.
- wanting to extend the availability of its Manrex monitored dosage system into sheltered and warden assisted housing complexes, using local Boots branches.

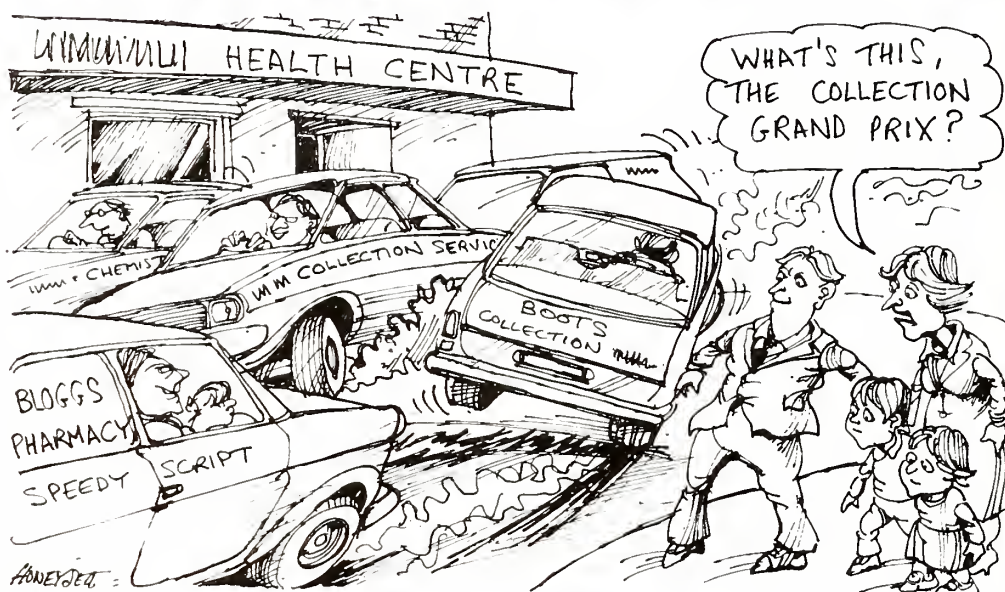
The Royal Pharmaceutical Society's Council is understood to be looking at the Boots' initiatives, but there is no suggestion that what the company intends is unethical. However, there are still serious concerns for the profession's leaders.

C&D understands Boots' prescription collection service will allow branches to collect, at the patient's request, repeat prescriptions from local surgeries. GPs will be visited before the scheme gets under way in any locality to secure their co-operation.

The service will be promoted in the local Press under the catchline "Boots makes life easier. Time and time again", and also on prescription dockets and through a customer leaflet. Patients will be asked to sign a letter of consent before being included in the scheme, it is understood.

Boots' plans for service centres to residential homes appear to mirror the long term care facilities that have grown up in the United States, where "closed door pharmacies" provide extensive specialised services, and the pharmacist adopts a clinical role similar to that in hospital pharmacy.

It is understood that Boots see their pharmacy service centres as overcoming concerns that their high street outlets could not provide the same level of service as a pharmacy located close to a home. Although such centres may not be close geographically, a consultant pharmacist would be available on demand, and there would be



dedicated support staff and delivery services.

Initially, it is understood, service centres will be set up within Boots stores, but with their own staff. They will be supported in the field by consultant pharmacists, who will develop a "clinical community pharmacy" role.

Boots are also intending to extend the use of their monitored dosage system into sheltered housing, it is understood. Although initially supply will be through the local Boots branch, it may later be transferred to a service centre.

Dispensing would take place only after a patient has signed a consent letter and his or her GP has been informed. Patients would also be advised that they can have their prescriptions dispensed elsewhere. It is understood Boots have

undertaken to abide by the rules laid down for residential homes when making approaches to sheltered homes and advertising their services.

Pharmacists in the Midlands are being circulated with an anonymous leaflet headed "Could you afford to lose up to 50 per cent of your NHS business?" and which starts off: "Those boots are on the march again." The National Pharmaceutical Association's West Midlands board member David Thomas told C&D he had received calls from concerned pharmacists in Walsall, Wolverhampton, Dudley, Coventry, Kenilworth, and Birmingham.

"If it is true that Boots are taking such a step it's a sad day for community pharmacy. At a time when the working party is considering new initiatives we

should all be pulling together, and not be in splinter groups."

Tim Astill, NPA director, says: "Our major and most immediate concern relates to Boots' proposals to provide a repeat prescription pick up service from doctors' surgeries. Where such services operate successfully they do so with the participation of the pharmacists in a neighbourhood, so the patients ultimately have complete freedom to have scripts dispensed from the pharmacy of their choice.

"We believe it quite wrong that a particular pharmacy owner, however large or small, should seek to steal a march on collecting repeat prescriptions — such action is designed to attain a monopoly," Mr Astill said. "Where there is a need for such a service, as with collection and delivery services, all affected pharmacies should be given the opportunity to take part.

"Boots' action will be a cause for bitter resentment at a time when there are enough enemies outside pharmacy for us to do without division within.

"Boots' other proposals, such as closed door pharmacies and domiciliary services are among those being considered by the Department of Health working party, and where they can be shown to be necessary in the interests of the patient, should be financed by the NHS."

Nobody from Boots was available for comment as C&D closed for press.

● Boots are understood to be planning to re-introduce their discount card scheme for GPs, allowing them 10 per cent off all goods purchased in any Boots store.

FHSA highlights advisory role

A campaign run by Solihull Family Health Services Authority, involving an exhibition in a local Gateway supermarket, has highlighted the advisory role of the pharmacist.

Around 200 people visited the exhibition in Chelmsley Wood Shopping Centre which was manned by FHSA staff and pharmacists. Leaflets urging people to "Ask your pharmacist" were distributed and a competition was held to win a camera.

"The pharmacist's training equips him/her as an expert on

medicines whether dispensed on a prescription or sold over the counter, and a convenient source of free advice on general health matters," said the FHSA.

Projects organiser Sarbjit Gidda told C&D the exhibition had been successful. Although the FHSA had no definite plans for a repeat exhibition in the near future, the Authority does have a rolling programme of 12 exhibitions a year. It is quite likely that community pharmacy will be covered at some time next year, he said.

BP outlines future role

The British Pharmacopoeia Commission has issued a policy statement about its role in the control of medicines.

In the future the Commission intends to:

- Build on existing links with the pharmaceutical industry, providing monographs at an earlier stage of a medicine's "life"
- Continue to update the BP by annual addenda with a new edition every five years
- Maintain a policy of including the substance of European Pharmacopoeia monographs and other texts in the BP
- Continue to seek the views of the industry, regulatory authorities, national control laboratories, hospital quality controllers and other users and to work with them to maintain and enhance the value of the BP.

April deadline for addicts

The High Court has set an April 1992 deadline for the thousands of patients who claim they became addicted to tranquillisers, to join multiple litigation against drug firms, health authorities and doctors.

Laying ground rules for what is viewed as the biggest ever "personal injury" action in British legal history, Justice Kennedy gave the estimated 10,000 expected claimants until April 15 to issue summonses. He also set September 20 this year as the cut off date by which those wanting to take part in the action must apply for Legal Aid.

If patients fail to meet these deadlines they could find themselves cut out of the action. "Those who think they may have suffered in health because they have taken a benzodiazepine should take legal advice and consult a solicitor

at once. Time is very much not on a claimant's side," said the judge.

He also warned that other statutory cut off dates for starting legal proceedings in personal injury cases could work against some claimants, even if they meet today's deadlines. The law sets a general three year deadline from the date of an incident within which a claimant can begin proceedings for alleged injury. After that it is difficult to persuade the court to allow the case to proceed.

The action follows thousands of allegations of addiction to benzodiazepines which were introduced in the early 1960s.

After warnings in 1980 by the Committee for the Review of Medicines and in 1988 by the Committee for the Safety of Medicines, benzodiazepines were recommended only for short term

treatment or more severe anxiety cases. However, the claimants allege manufacturers of certain tranquillisers failed to warn doctors that their drugs should be used only in limited circumstances because of the addiction risk. They are now seeking compensation for addiction and withdrawal symptoms.

Solicitor Michael Napier, chairman of the Benzodiazepine Solicitors Group Steering Committee, said 1,090 firms of solicitors were involved in the action, with 6,984 applications for Legal Aid to date. Seven hundred writs had been served. Today's announcement of the cut-off dates could provoke a flood of new claims.

The two main drug companies involved are Roche and Wyeth. A Roche spokesman said it welcomed the cut-off dates which "set a sensible timetable for the action".

PSNC tests pharmacy diabetes screening

Thirty pharmacies in England and Wales are one week into a pilot study offering the public blood glucose screening for diabetes at a suggested cost of £6 a test.

The three month trial, which began last Monday, has been initiated by the Pharmaceutical Services Negotiating Committee. PSNC chairman David Sharpe, speaking at the launch of the scheme at the Royal Pharmaceutical Society on Monday, said opportunistic health screening may come within the extended role definition that will come out of the Department of Health's working party report, which is likely to be published in October.

The trial received qualified support from Vincent Marks, professor of clinical biochemistry at the University of Surrey and consultant chemical pathologist, St Luke's Hospital, Guildford. Professor Marks said he was not convinced of the cost benefit of such a screening programme, but he praised PSNC for embarking on the trial, which would provide hard evidence and was the scientific way to proceed.

"It will take many years to find out whether the detection of asymptomatic type II diabetes reduces the incidence of long-term complications or whether it will only prolong the time with which one lives with the diagnosis," Professor Marks said. "It should, however, take much less time to learn just how much it really does cost to discover and treat each new case."

Professor Marks said he would be less than honest if he didn't

express concerns about aspects of the trial, but he expected a "professional body" like PSNC to address some or all of them. He said it was essential to follow up everyone taking part in at least once after about six months to see whether the "provisional" diagnosis was accurate, and if the advice given was followed.

The trial follows the guidelines for blood analysis issued by the Society in 1988. There are two protocols; a general one and a second when referral to a GP is necessary, designed on the advice of a diabetologist. Blood glucose levels are measured by a Reflotron S machine using BM-Test 1.44 strips (Boehringer Mannheim are sole sponsors of the trial).

If the level is over 11 mmol per litre, the pharmacist will indicate "without causing undue anxiety" that it is above what is desirable and suggest the result is discussed with a GP. If it is below 6 mmol per litre, the client will be told it is acceptable.

If the level is between 6 and 11 mmol per litre, the pharmacist will ask the client to supply a post-prandial mid-stream urine sample (one and a half hours after a full meal) for testing for urine glucose, and to make a return visit for a fasting (12 hours) blood glucose test. The client will then be referred to his GP if urine shows positive or if the fasting blood glucose level is above 8 mmol per litre.

On the triplicate referral form, one copy is retained by the pharmacist, a second is given to the client, and the third sent, with the client's consent, to the GP.



Sheffield pharmacist David Archer, one of the 30 participants in the trial, performs a blood glucose test

Professor Marks said he expected many patients will be within the 6-11 mmol band and require the extra tests. The £6 fee was unlikely to cover the cost of the pharmacist's time and the disposables used in the test, so "the patient is going to get a bargain".

The trial includes an external quality assurance scheme to monitor the accuracy of the instrument and operator. The Department of Biochemistry at St Luke's will be sending control glucose test samples to the 30 pharmacists. Professor Marks approves: "Without such a scheme neither my colleagues nor I would have very much confidence in the outcome," he said.

Mr Sharpe, for his part, gave an undertaking to publish the results of the trial, whether it was successful or not, probably early in 1992.

PACT saves £80m

GPs have saved some £80 million on prescribed drugs since the introduction of PACT, according to Government statistics.

Health Minister Virginia Bottomley said that between 1979 and 1988, the net ingredient cost of drugs prescribed increased by an average of 13 per cent a year, compared to 8 per cent in 1989 following the introduction of PACT. "If the Government is able to spend less money on drugs, then more money will be available for the health service," she said.

Mrs Bottomley also approved the first 16 indicative prescribing incentive schemes, aimed at eliminating unnecessary prescribing with a saving of over £2 million.

Paracetamol in spotlight

Paul Flynn (Labour) expressed concern in the Commons last week about the "inadequate" labelling of paracetamol and other drugs.

He said it was a problem which led to many accidental deaths because labels were often misleading and in "microscopic print".

Edward Leigh, Consumer Affairs Minister, noted Mr Flynn's concern but stressed that it was an offence to supply unsafe goods.

He pointed out that after 1992 all member states of the European Community would be required to apply high standards of safety.

He told Mr Flynn: "I am prepared to discuss the matter with consumer groups. We fund consumer groups to the tune of about £19m a year and take their representations very seriously."

Chemistry student jailed for practising as pharmacist

A chemistry student who falsely registered as a pharmacist and then practised for three years has been jailed for 18 months at Grimsby Crown Court.

Kuldip Singh Flora, 34, from Coalville in Leicester, filled in a false application form to register with the Royal Pharmaceutical Society although his degree was in medicinal and pharmaceutical chemistry. His qualifications were not checked at the Society and Mr Flora was registered as a fully trained pharmacist, the court was told.

Over the next three years he worked in 89 dispensaries but was caught when he applied for a full time job at a pharmacy in Cleethorpes and his qualifications were checked.

Judge Brian Appleby described the whole case as a "scandal" which could have put thousands of people's health at risk. He told Mr Flora: "It is scandalous that you were allowed to do this by the Society, which made no checks whatsoever on your qualifications. It could have been someone with no degree at all.

"It is difficult to think of a field in which more havoc, more distress and more tragedy can be done to the public than if someone is allowed to represent themselves as a pharmacist without being qualified." The Judge also expressed surprise that no representatives of the Society were in court for the case.

Mr Flora admitted obtaining a pecuniary advantage by deception between June 18 and 30 1987. In that month he had applied to the Society to be registered stating that he had gained a degree in pharmacy at Leicester. The Society asked for copies of his birth and marriage certificates, the court was told, and he received his registration a week later.

Richard Toombs, prosecuting, said Mr Flora was told, along with other students, that his degree did not qualify him to be registered as a pharmacist as it did not cover the full course.

Mr Flora was caught last October when the shop owner of Broadburns' Chemists in Cleethorpes checked his qualifications, became suspicious and contacted the Society. He was arrested while preparing prescriptions in Lloyds Chemists in Grimsby.

David Farrell, for Mr Flora, said his client had made the false application because he needed the

money to feed his family. "He has some degree of knowledge and the degree he obtained covered 80 per cent of the full pharmacy course. Not at any stage, or at any of the 89 places where he worked, did anyone complain that he could not do the job."

Since his arrest Mr Flora has worked as a sales manager for Goldcrest Pharmaceuticals, based in London — a job he is qualified to do. Mr Farrell urged the judge not to impose a jail sentence because the defendant posed no real threat to the public.

But Mr Appleby told Mr Flora: "Quite deliberately you cheated and made a false application claiming to have a degree in pharmacy while knowing perfectly well your degree

was not recognised by the Pharmaceutical Society. This is a very serious offence and must be met by an immediate custodial sentence."

A statement issued by RPSGB secretary and registrar, John Ferguson, said the Society viewed the matter with great concern. "The Register of Pharmaceutical Chemists exists to protect public interests and only properly qualified and trained persons may lawfully practise pharmacy.

"The Society's procedures include stringent checks to ensure that proper verification is made of all applicants for entry onto the Register. Regretably on this occasion procedures were not followed and an error was made."



Head lice and the development of pyrethroid insecticides was the topic of last week's Chemist & Druggist/Wellcome training seminar. Dr John Maunder, of the Medical Entomology Centre, University of Cambridge, and Barbara Francis, a technical adviser from the Wellcome Foundation's scientific services department, provided the expertise (see p75)

PSNI COUNCIL

DHSS holds back on distance learning

The Department of Health will not recommend funding of the proposed national distance learning programme, the Council of the Pharmaceutical Society of Northern Ireland was disappointed to learn at its June meeting.

The DHSS had already indicated it would be able to contribute £39,000 over three years to enable pharmacists in Northern Ireland to take part.

General support was expressed for recommendations in the March COMA report on dietary

supplements and health foods.

Congratulations on the excellent results were expressed to Professor Li Wan Po, the head of school at Queen's University, after 49 students graduated, eight with first class honours.

Congratulations were also sent to Mr F.A. Elliott, permanent secretary of the DHSS in Northern Ireland, on being made a Companion of the Order of the Bath in the Queen's Birthday Honours.

The president referred, with regret, to the recent death of Liam

Business Link — its free for subscribers!

Have you used C&D's new free Business Link? Do you need a locum, need a manager, or do you just have something to sell?

Each week C&D is devoting a page to subscribers' wants. The service is completely free. For details turn to this week's Business Link on p89.

Desferal recall

Ciba-Geigy are recalling five batches of Desferal, namely 198900, 199800, 205700, 194900 and 195000. A small increase in reports of transient local pain and discomfort at point of infusion, accompanied sometimes by fever, has been noticed to be associated with these five batches.

Pharmacists are asked to return these batches only to Ciba-Geigy Pharmaceuticals Division, Wimblesbury Road, Horsham, RH12 4AB. They should be marked "For the attention of the distribution manager".

NAHAT review

The National Association of Health Authorities and Trusts (NAHAT) is to review the operation of GP fundholding schemes. The move was announced by Ed Parker, newly appointed chairman of the Association's Family Health Services Standing Committee.

● At the June meeting of the NAHAT Council, Bill Darling, chairman of South Tyneside Health Authority and a past president of the Royal Pharmaceutical Society, was re-elected chairman.

C&D price service

The price of Isotrate 20mg (PIP code 304-899) as shown in this week's Price List Supplement does not become effective until August 1, and not as shown. Bioglan Laboratories Ltd would like to apologise for any inconvenience caused.

Liverpool LPC/LMC meeting points way forward

A meeting between local medical and pharmaceutical committee representatives in Liverpool last Thursday to discuss the LPC's blueprint for future pharmacy services "achieved more in one night than had been achieved in the last four or five years" according to one pharmacist who was there.

The meeting was held at the instigation of the Liverpool Family Health Services Authority following the dialogue the FHSAs has had with LPC representatives on the LPC's proposals (C&D January 12, p27). The NHS reforms, the creation of FHSAs and the White papers "Promoting better health" and "Working for patients" prompted the LPC to put forward its own view of the extended role. Its proposals include regular meetings with doctors, payments for continuing education, PACT involvement and greater use of pharmacies for health promotion.

LPC chairman Jeffrey Max told C&D: "We felt the meeting with the doctors was an opportunity to break down the barriers between the two professions — to get together, share ideas and see how we can work together to help patients."

One of the services discussed was the possibility that pharmacists should be paid for giving advice on PACT data to GPs. The LPC envisage some form of accreditation course for those pharmacists who wanted to offer the service. After training, a list of accredited pharmacists would be circulated to GPs who could, if they wanted advice, pick a pharmacist to supply it. In time, Mr Max suggested, payment for such pharmacist advice might become part of a practice budget.

Mr Max says the LPC is prepared to set up pilot projects with any doctors who want to get involved. "We are not saying this is for all pharmacies, or for all surgeries, but it is aimed at those practices who want to have a positive pharmacy input and for those pharmacists who want to give such an input.

"The FHSAs are fully supportive of us and want to encourage co-operation. They know they have just one pharmacist facilitator serving over 100 medical practices. But for the whole thing to work, it's going to depend on the acceptance by the LMC of the pharmacists' first moves."

The LMC representatives at last Thursday's meeting are to make a recommendation to the LMC that they should send representatives to join the FHSAs/LPC working party set up to discuss the LPC initiatives.

The ultimate in stock-in fillers

At last details of Clarins' new colour cosmetic range have been made public (C&D July 6, p14), and I am reminded of my concerns of last year when this intended expansion was announced. A quick flurry of activity with the calculator...and the result? If only three items of each shade of each product is stocked then the investment at retail is over £3,000. In today's economic climate this is a colossal stock investment for any agency to ask, and to many pharmacies an impossible level to achieve.

I presently sell Clarins exceptionally well and have many faithful customers, but how many new customers will this range generate? Certainly there will be some, but many will merely change from the other agencies I presently stock with no financial advantage to myself. I am not certain I can afford this new investment, but can I afford not to, because if I decline Clarin's invitation will I then lose the whole agency?

Provide the service...or else!

Pharmacy must continue to fight at the parapets for the right to serve all patients, but it is not enough to claim priority while doing nothing to sustain that claim until challenged. It was reported (C&D July 6) that doctors had applied to dispense for villagers living in Longborough some two miles away from the nearest pharmacies in Stow and Moreton-in-the-Marsh. One local pharmacist is quoted as saying he will object to the application and "look at the possibility of a collection and delivery service". Talk about shutting the stable door after the horse has bolted! Even if poorly used, distant villages should have access to collection and delivery services, part-time pharmacies, or any other form of supervised local pharmaceutical services.

Rural pharmacy is under

threat and rural pharmacists ignore that threat at their peril. The new family health services authorities are looking to improve services to all patients, and if pharmacy is seen not to be offering them, then FHSAs will look sympathetically to the dispensing doctor who does. The internal politics of the problem are not the FHSAs' concern!

Lacking professional bite?

Last week I had to visit my dentist urgently and had to wait to be seen. It was an interesting exercise, observing a sister profession working under similar pressures to myself with harrassed staff fending off the telephone, patients and a persistent rep, all at the same time. In desperation this "knight of the road" said he had been trying to see Doug for two years with new products, and all the other surgeries were already using his latest technology. All to no avail, he was unceremoniously despatched for another three months.

The rep was obnoxious and deserved to be slung out on his ear, but Doug always takes an hour and a half for lunch, and would never consider using that time to develop his business. His practice also really needs modernising, and I know he is losing patients but as he says, he only has five years to retirement, and thank goodness for that!

Next time I am in the middle of my lunch break, a sandwich in hand, one ear listening to the events in the shop, and the other attuned to a rep's sales patter, I will think of Doug. I recently modernised the shop, and a new computer is on its way with the old one only five years old. Reps know I want to see them for their vital contribution to my knowledge of the market place — and I still enjoy the cut and thrust of business! In this brave new world of competitive economics, professionalism alone cannot sustain us, and I would have it no other way. Doug cannot wait for retirement in five years time. If I thought like that I would retire now.

'Drill and fill' fears pass — but at what price?

The state of the nation's teeth has improved dramatically over the last 20 years, led by a technical revolution in mouth hygiene products. Scientifically developed pastes and brushes, coupled with positive dental education, are making "drill and fill" a fear of the past but still, apparently, we hang on to our old toothbrush for over three times its recommended life expectancy. Oral B are set to change all that with the introduction of their Indicator toothbrush (C&D July 6 p11), the first brush that tells you when it needs changing.

Technically sophisticated, this should put Oral-B way ahead of its competitors and continue the dental care revolution, but why the premium price? If Oral-B are so confident of the superiority of their new brush and concerned to further improve our dental habits, they should discontinue the old range and introduce the new at the present price structure. As far as the consumer is concerned the cosmetic change is slight, and the advantages of more users of Oral-B changing the toothbrush they use more frequently, should more than compensate for the research and development expenses incurred by this innovative change.



Topical REFLECTIONS

Scriptspecials

Penmix range

Novo Nordisk are introducing four new insulin preparations for use in the Novopen or Novopen II injection devices.

The Penmix Penfill range comes in 1.5ml cartridges and the active constituent is human insulin 100iu/ml. It comprises mixtures of soluble human insulin and isophane human insulin in ratios which are indicated in the names: 10/90,

20/80, 40/60 and 50/50 (5×1.5ml £8.10 trade).

These may be viewed as completing a range of soluble-isophane insulin mixtures which started with the existing 30/70 strength, say Novo. This has been renamed Penmix 30/70 Penfill, bringing it in line with the others. **Novo Nordisk Pharmaceuticals Ltd. Tel: 0293 613555.**

Medical Matters

Abortion advice

Although community pharmacists will not see prescriptions for Mifegyne, Roussel's "abortion pill" which has been approved for use in the UK (**Specials**, last week), the following information may be useful to answer patients' inquiries:

- Mifegyne (mifepristone) tablets are a medical alternative to a surgical termination of a pregnancy up to 63 days;
- They can be used within the terms of the Abortion Act 1967 in NHS hospitals and clinics approved for termination of pregnancy;
- The treatment is contra-indicated in certain patients, including those over 35 and moderate to heavy smokers;
- Three 200mg tablets are given in the presence of a doctor in the treatment centre. The patient is then observed for at least two hours;
- Unless abortion has already been

completed, gemeprost 1mg will be given vaginally 36-48 hours later in the treatment centre. Abortion will usually occur four hours after the prostaglandin pessary is inserted. The patient will be observed for at least six hours;

- She must attend for a follow-up visit within eight to 12 days after treatment, to verify that expulsion has been completed and vaginal bleeding has stopped or has been substantially reduced;
- Side-effects of the procedure include bleeding (lasting an average 12 days), pain (60 per cent of patients need simple or narcotic analgesia), and other complications, such as urinary tract infections, in a small number of patients. Drug related effects, such as headaches, vomiting and nausea, can occur;
- This method is effective in 95 per cent of women.

Boots 'jumping the gun' on sunscreens

Boots' decision that all sunscreen products sold through their outlets should use the Diffey method of assessing UVA and the Boots system of labelling has been attacked in the *BMJ* this week.

Boots, who sell 42 per cent of all sunscreens, intend to have a SPF number on the front of products with the degree of UVA protection relative to UVB, expressed using one to four star symbols (moderate, good, superior, and maximal), on the back.

A letter from dermatologists at St Thomas' Hospital, London, points out that a product rated as superior may offer less protection against UVA than a product rated moderate if the SPF numbers of the two products are significantly different. Moreover, the authors describe the Diffey test as far from

ideal. It cannot yet be validated, and cannot be used for products that are oil based or alcohol based. The best method of assessing UVA, currently under scrutiny, may be resolved this week, the letter continues.

The authors say Boots have been premature in introducing their own system and overprescriptive in excluding companies that choose not to use it.

Bergasol's Sally Hunt agreed that Boots might be "jumping the gun". She told *C&D* that they would have to reformulate and repackage their products, which would be very difficult and very expensive.

While she could understand Boots' motivation, she felt they were not going about it the right way. Bergasol's research had shown that consumers would be confused by the Boots symbols, said Ms Hunt.

Turbohaler dosing

Astra Pharmaceuticals report an increase in the incidence of patients prescribed a Turbohaler for the first time seeking the advice of their pharmacist or GP because they are not sure if they have taken their dose.

Doubts arise because of the lack of additives (lactose or CFC propellants) and the small quantity of powder in each dose, explain Astra. Patients who have been using other inhalers would have become used to a sensation or taste in the mouth after use.

Pharmacists should advise patients that by removing the mouthpiece from the Turbohaler, they can see the drug loaded in the



Removing the mouthpiece

dosing chamber and can check that the powder has gone after inhaling. **Astra Pharmaceuticals Ltd. Tel: 0923 266191.**

From Evans...

Evans are launching methylprednisolone sodium succinate injection. It is available in three strengths 125mg (£3.56), 500mg (£10.59), and 1g (£19.09). The vials come with 2ml, 8ml and 16ml diluent ampoules respectively. Evans are also relaunching their lactulose solution (500ml £3.86, all prices trade). **Evans Medical Ltd. Tel: 0582 608308.**

Juvela from SHS

Scientific Hospital Supplies have taken over the distribution and marketing of the Juvela range of gluten-free and low protein breads and mixes in the UK, following an announcement by Nutricia that they are unable to supply the products (**Specials**, last week). SHS say there is no problem with supplies and stock is immediately available. Borderline foods are included in the "zero discount" list in the Drug Tariff. **Scientific Hospital Supplies. Tel: 051-228 1992.**

V-Cil-K

Lilly have modified the formulation of V-Cil-K 125mg/100ml, removing cyclamates and tartrazine. This has resulted in a change of appearance and taste, but the dosage and therapeutic efficacy are not affected. **Lilly Industries Ltd. Tel: 0256 473241.**

Hillcross generics

Hillcross are adding the following products to their range: ampicillin sugar-free suspension 100ml (125mg £0.76, 250mg £1.23), mianserin tablets (10mg 90 £6.22, 20mg 56 £7.70, 30mg 28 £5.73), sodium valproate tablets 200mg (100 £6.55), and clomipramine capsules 100s (10mg £3.25, 25mg £6.45, 50mg £12.25, all prices trade). **Hillcross Pharmaceuticals. Tel: 0282 25932.**

Ilube is back

Renewed supplies of Ilube eye drops are expected to be available this week in sufficient quantities to cover

outstanding orders, say **Glaxo Laboratories Ltd. Tel: 081-990 9444.**

BD syringes and needles

AAH Pharmaceuticals are offering a 12.5 per cent discount on orders of one or more orders of Becton Dickinson Microfine i/v insulin syringes 1, 0.5 and 0.3ml and Microfine i/v pen needles. The offer closes on July 31. **AAH Pharmaceuticals Ltd. Tel: 0928 717070.**

Bioglan add two

Bioglan are adding two new strengths to their range of generic isosorbide mononitrate tablets. The Pharmacy tablets come in 100s (10mg £5.75, 40mg £13.89, both prices trade). **Bioglan Laboratories Ltd. Tel: 0462 438444.**

Nizoral pipette

Janssen are adding a dosing pipette to Nizoral suspension 100ml, to simplify dosing and administration. It replaces the previous metal screw cap as the permanent cap for the bottle. A new leaflet, giving instructions for use of the pipette accompanies each bottle. **Janssen Pharmaceutical Ltd. Tel: 0235 772966.**

From Norton...

Norton are launching isosorbide dinitrate tablets 10mg (100 £1.19 trade), white tablets with a breakline. **H.N. Norton & Co Ltd. Tel: 081-807 9999.**

Ashbourne changes

Ashbourne have made the following changes: Amix 125mg/5ml oral suspension (£1.98) is now available only as the sugar free product; Amix 250mg/5ml oral suspension (£3.96, both prices trade) will change to sugar free product as from November 1, 1991; and the name of Amilmax 5/50 has changed to Amilmaxco 5/50. **Ashbourne Pharmaceuticals Ltd. Tel: 0604 882190.**

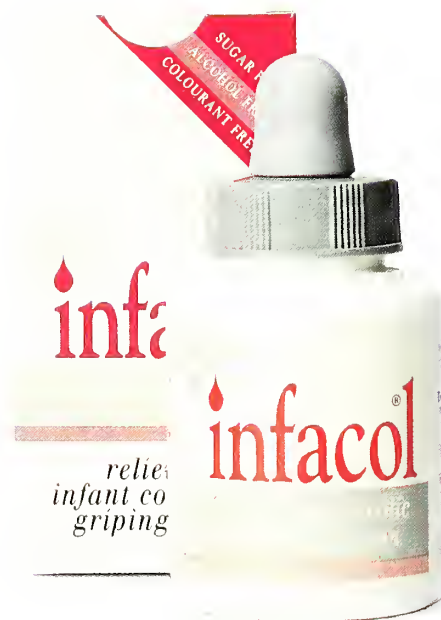
Join the Gravy Train



Making profit is child's play when you display and recommend the brand leader.

Infacol grew by 22% last year, and it's on track to do even better this year, with advertising support and a new pack to tell mums that it is pleasant tasting and free from alcohol, sugar and artificial colourants.

Infant colic and griping pain are effectively relieved, with Infacol in the ready to use 100 dose pack. And you will be relieved to know that it doesn't take up much shelf space either!



Counterpoints

Magmag to teach babies how to drink

Magmag is the name of a baby drink training system being launched into the UK on July 23.

Manufactured by Japanese baby products manufacturers Pigeon, this system is already market leader in Australia, New Zealand, South America and the US, claim UK distributors Caretime Ltd.

Magmag is a four step system designed to encourage independent drinking from three months to four years of age. Step 1 is a nursing cup with clear silicone teat, while step 2, for babies from around six months, introduces a naturally shaped flexible spout.

From around nine months of age, the step 3 straw cup allows baby to drink without spilling. The final step — baby cup — introduces a drink trainer lid to facilitate smooth drink training. A total seal lid ensures easy storage and travel.

Magmag may be sold as a complete system or one step at a time. All items meet relevant EC safety standards, are non-toxic, dishwasher proof and sport a colourful character, Little Coro.

During a two-week sales drive, commencing July 23, the Magmag sales team will be visiting 1,000 pharmacies nationwide. Magmag is also available from various wholesalers nationally.

Point of sale material comprising a merchandising stand, shelf talkers, leaflets and window stickers, are also available. The products will be promoted in the mother and baby Press this year, with general consumer advertising planned to start next February. **Caretime Ltd. Tel: 081-964 0002.**

Weleda Summer offers

Weleda have two consumer offers this Summer.

Their Aknedoron lotion and deep cleanser will be banded together, saving the consumer £1. One outer (six banded packs) costs £16.26.

The second offer is 50p off their five-strong range of natural toothpastes. **Weleda (UK) Ltd. Tel: 0602 303151.**



Cover Girl make good looks easier

The Cover Girl cosmetics range has been repackaged and products classified according to skin colour and type, with the aim of simplifying self-selection.

The first stage of the relaunch for the range is foundations. For normal and combination skin there are three variants: Clean (£2.96), a non-comedogenic formulation; Perfecting (£4.39), a light gel-based formulation in a pump dispenser; and Extremely Gentle (£2.96) for sensitive skin.

For dry skin there are four variants: Moisturewear (£3.22) which comes as

liquid or cream; Replenishing (£2.96) liquid or cream, said to be ideal for older users. There are two formulations for oily skin — Oil control (£2.96) which gives a matte finish, and Clarifying (£2.96), ideal for teenage skin.

Cover Girl now offer a Colourmatch computer to further aid consumer selection at the touch of a button. The consumer selects hair colour and skin tone and the computer will indicate which colour selection would be most suitable. **Noxell Corporation. Tel: 0708 22616.**

Snappy free gifts from Agfa this Summer

Agfa are running two consumer promotions for their photographic film.

The first offers a free 8x magnifier on purchase of a twin pack of Agfa's CT200 slide film. The magnifier comes blister packed with the film.

The second offer is a free

inflatable UFO toy with twin packs of Agfacolour XRG 100 Maxi 24 + 3. Point of sale material is available, including posters, header cards and giant UFOs.

Agfa are also giving out free sun hats with every two films ordered. **Agfa-Gevaert Ltd. Tel: 081-560 2131.**

Scholl Summer support

Scholl are supporting their Odour Attackers range this Summer with advertising and a promotional campaign.

A £250,000 poster campaign with the slogan "No sweat...no contest" breaks mid-July and will be seen on sites adjacent to pharmacy and grocery outlets.

Free with Odour Attackers will be a booklet on feet, which features television and radio personality Chris Tarrant. Further promotion includes radio support, comprising an interview between Chris Tarrant and a Scholl representative.

The support for Odour Attackers was scheduled to begin earlier in the year, but was delayed due to the late arrival of Summer, say **Scholl Consumer Products Ltd. Tel: 0582 482929.**



Vantage gripe

AAH Pharmaceuticals have launched an own label, alcohol-free gripe mixture. The Vantage gripe mixture will be sold in 150ml bottles at £1.12. Trade packs containing 12 bottles will cost £8.28. **AAH Pharmaceuticals Ltd. Tel: 0928 717070.**



PAIN RELIEF WITHOUT PILLS

The power of ibuprofen – one of today's most effective painkillers – is now available for the first time **without prescription** in a rapidly absorbed, penetrating gel.

Heavyweight National press campaign now running.



**FOR THE RELIEF OF BACKACHE, RHEUMATIC AND
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Now, no other herbal baby drink
can measure up to Milupa.



850 mm



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Now, there's even more reason to look up to Milupa. To complement our range of herbal drinks for the younger baby, we have just introduced new herbal & fruit varieties for the older baby. Which means that Milupa now appeals to taste buds of all ages.



And with attractive new packaging, mums won't have to look too hard to find us on your shelves. Assuming, of course, that our consumer advertising campaign hasn't already emptied them.



So, be prepared and order extra stocks of Milupa Herbal Baby Drinks now. In full measure.

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*Recent (April 1991) Medical Research
reports that up to 65,000 lives and much
disability from strokes and heart disease
could be prevented if we reduce salt intake at
table, cooking and in processed foods.

Ruthmol the healthy choice

by CANTASSIUM, FROM WHOLSALERS EVERYWHERE

Supatherm comes to pharmacies

Seton Healthcare are
introducing their Supatherm
range of neoprene sport
supports into pharmacies.

The Supatherm range,
aimed at the "serious
sportsman", comprises
supports in four sizes for the
knee, ankle, elbow and thigh
together with three sizes of
thermal shorts for
hamstring, hip and pelvic
injuries.

The range offers heat
retention as well as support,
says the company. The
neoprene fabric used is
rubber based and elasticated
to provide insulation and
support without restricting
movement.

Products will retail at
about £10.99 each and
come with a display stand.
Point of sale support comes
in the form of posters and
consumer leaflets.

Promotions are planned for
the near future, say Seton
Healthcare Group. Tel:
061-652 2222.



Steradent denture leaflet



Reckitt & Colman, manufacturers of the Steradent range, have produced a
leaflet entitled "Your guide to denture care".

The leaflet advises on sound oral hygiene procedure for denture wearers
(both full and partial). It has been written in consultation with dental
professionals. Sections also deal with the first few days of wearing new
dentures, talking, and eating. Leaflets can be obtained by sending an SAE to
"Your guide to denture care", Counsel Ltd, 15-17 Huntsworth Mews, London
NW1 6DD. Reckitt & Colman Products. Tel: 0482 26151.

'Community Focus' for health visitors

Warner Lambert Health Care have launched a mini-magazine aimed at the
UK's 17,000 health visitors.

"Community Focus", distributed as an insert with the July issue of *Health
Visitor* magazine, contains articles on the health risks of salt, sunburn and
skin cancer, and vitamins and babies.

Product information on the company's range of medicines — Benlylin,
Anusol, Abidec, Metatone and Caladryl — is also included.

"Community Focus" will be published several times a year on a flexible
basis. Warner Lambert Health Care. Tel: 0703 620500.



Milupa add three infant desserts

Milupa are adding three new varieties to their range of infant desserts. Strawberry yogurt, tropical fruit yogurt, and apricot and peach delight are the new variants. Milupa say they added the three to complement their banana and apple yoghurt delight. All the products are free from additives, colourings and preservatives and are suitable for babies of three months and over.

The new varieties are being supported by Milupa's television and Press campaign. Consumer leaflets highlighting the benefits of the desserts are available, featuring a 30p money-off coupon, redeemable against the purchase of any of the desserts. Point of sale material includes shelf talkers and wobblers. Milupa Ltd. Tel: 081-573 9966.

New point-of-sale material is available for Minadex, in preparation for the Autumn peak selling period. An interlocking tray leaflet dispenser holds Minadex chewable vitamins, multi-vitamin syrup and both sizes of tonic, and is designed for shelf and counter display. Also available are 3-D showcards showing Mighty Minadex, the character featured on-pack and in Minadex advertising. Seven Seas Health Care Ltd. Tel: 0482 75234.



On TV Next Week

GTV Grampian
B Border
BSB British Sky Broadcasting
C Central
CTV Channel Islands
LWT London Weekend

C4 Channel 4
U Ulster
G Granada
A Anglia
TSW South West
TTV Thames Television

TV-am Breakfast Television
STV Scotland (central)
Y Yorkshire
HTV Wales & West
TVS South
TT Tyne Tees

Alka Seltzer:	All areas
Brylcreem Black:	All areas
Clorets:	TTV
Imperial Leather:	Y,A,TSW,TVS,LWT & TTV
Libra Bodyform:	All areas except CTV,LWT, TTV & C4
Listerine/Coolmint:	GTV,STV
Mum Deodorant:	All areas
Nicorette Gum:	U,STV,G,TVS and LWT
Olvarit:	All areas
Oxy:	All areas except C,HTV
Peaudouce "Ultra T":	All areas
Sensodyne Toothpaste:	All areas
Slim-Fast:	All areas except G,Y,A,CTV, & TT
Solpadeine:	C,A,TVS,LWT
Sure for Women:	All areas except TVS, TV-am & Sky

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haircare

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U.K.

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Lady Jayne

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Birmingham B14 4RT. Tel: 021-436 6633.





To help you sell heaps

of the N°1 Analgesic...



...we're spending £6m on advertising this year.

W. Medil

Mouthwashes fight the decay of recession

Consumers are flossing, mouthwashing and brushing more than ever in an attempt to avoid the build up of tartar, plaque and large dentist's bills, according to a new report on oral hygiene from Market Assessment Publications.

The oral hygiene sector has grown by 80 per cent in value terms in the last five years, says the report, and is now worth £273 million. Mouthwash manufacturers in particular have something to smile about with sales nearly quadrupling over the past five years. The launch of Plax in 1989 freshened up the market and caused advertising expenditure to multiply six times.

Although floss products are not advertised to the extent of mouthwashes, sales have nearly doubled over the past five years. Some 11 per cent of people are regular floss buyers, most commonly married women, aged 25-44 years, living in London. But with US consumers out-flossing their UK counterparts five times over, there is still a huge gap to fill.

Autumn launch for Comfi Bears nappies, with Ark logo

Comfi Bears nappies, due to be launched in the UK this Autumn, have been endorsed by and will carry the logo of Ark, a charity which also markets "environmentally-responsible" household products.

The nappies, (C&D, May 25) made by The EFC Group, comprise eight layers of 100 per cent cotton flannel, printed with a teddy bear design. They feature snug-fit elasticated legs, Velcro tab fastenings and additional "breathable" waterproofed layer.

Comfi Bears are re-usable, thereby avoiding the environmental problems associated with disposable nappies; they contain no bleach, and are almost entirely bio-degradable, say Ark.

At their launch in October, they will retail at £10.99 for a pack of three; six and 12 packs will be available later in the year. Ark will receive a contribution from the sales. **EFC Group. Tel: 071-376 8047.**

Overall, companies are bracing themselves for fierce competition where innovation and advertising will become all-important. "Resourceful competitors are rooting for products to suit all tastes from the fashion conscious to the traveller, from the child to the tooth sensitive and from the partial denture wearer to the Gazza fan."

Copies of "Development of the UK oral hygiene market to 1995" (£495) are available from **Market Assessment Publications Ltd, 2 Duncan Terrace, London N1 8BZ. (Tel: 071-278 9517).**

Bart air freshener

La Creativa, a subsidiary of Aromatica, have introduced Bart Simpson sachet air fresheners. Fragranced with either spicy lemon or cool water, they can be hung almost anywhere, say **La Creativa. Tel: 0603 626130.**

Intensive push

Wella are running a "Buy two and get one free" promotion on their Wella Balsam range.

With every two purchases of any standard size Wella Balsam shampoo or conditioner, consumers can choose either a free 150ml Wella Balsam Intensive tube or spray conditioner, making a saving of up to £1.99. Point of sale kits are available to support the offer in-store.

New trial size display trays holding 12 of the 30ml sizes of each of the Wella Balsam Intensive tube conditioners (£0.39) are available. **Wella Great Britain. Tel: 0256 20202.**

Fragrant discounts

Unichem are offering discounts to pharmacists on a range of fine fragrances.

Pharmacists can choose from a selection of around 50 women's and men's fragrances, including Chanel no5, Obsession, Joy, Opium, Aramis and Eau Sauvage. Pharmacists will receive a 12 set pack of gift wrapping with £100 orders. **Unichem. Tel: 081-391 2323.**



Predictor Single for the confident

Chefaro Proprietaries are introducing a single Predictor test pack in response to demand from pharmacists, says the company.

Predictor Single will retail at £6.75 and is aimed at women "who are confident they do not need

the additional reassurance of a follow up confirmation".

The new product will be supported by Predictor's advertising campaign which breaks in August, with an increased spend of £500,000. **Chefaro Proprietaries. Tel: 0223 420956.**

Unichem catalogue

The Summer 1991 Unichem counter sundries catalogue is now available to pharmacists. It covers household products, haircare, photography,

bathroom accessories, dental care, beauty products, hosiery, surgical and healthcare products. **Unichem. Tel: 081-391 2323.**

Healthier eating a bitter pill for digestive remedies

It seems that consumers are finally acting on the acres of type written on healthy eating. A report from Euromonitor on digestive remedies reveals the £100 million digestive remedies market fell by 2 per cent in the UK last year.

The majority of digestion problems in the last decade, says the report, were caused by over-indulgence in food and drink. But as consumers become more conscious of the necessity for a healthier life style, manufacturers in the sector are having to develop products to attract

younger and occasional purchasers — hence the number of remedies with added fruit flavours.

In Europe, the Germans spend most on digestive remedies while the average Briton spends only £3.05 a year, although they are among the most common medicines in our homes.

The laxative market is even more depressed, say Euromonitor, and there is little hope of improvement as consumers increase the fibre content of their diet. **Euromonitor. Tel: 071-251 8024.**

Amber soap and toothpaste

Vegetarians and Muslims are likely to be interested in Amber toothpaste and soap, which were on display at The Health Show (Olympia, London July 4-7).

The freshmint flavoured fluoride toothpaste is produced without using glycerine and is free from animal fat, while the sandalwood fragranced soap, also free from animal fat, is made from pure vegetable oils from the coconut and palm. Both are cruelty free — not tested on animals.

Packaging for both the products is made from recycled board, and carries symbols of the vegetarian and vegan societies. The trade price for the toothpaste is £1.10, and the soap £0.90. Orders to **Maxim Pharmaceutical & Marketing Co. Tel: 081-993 2528.**

Dulcolax 40s

Windsor Healthcare are adding a 40-tablet pack to their Dulcolax range. Retailing at £2.45, it is ideal for customers who want a multiple treatment pack for the family, say **Windsor Healthcare Ltd. Tel: 0344 484448.**

Taft 250ml

Schwarzkopf are phasing out the 300ml size of Taft and introducing a 250ml size. The size impression of the can remains the same, says the company, but the fill has been altered. The price remains the same. **Schwarzkopf Ltd. Tel: 0296 88101.**

New to Jenks

The Jenks Group have been appointed to handle the sales, marketing and distribution of the Wassen International range of dietary supplements to pharmacies. **The Jenks Group. Tel: 0494 533456.**

Wassen vit C

Wassen are launching one-a-day 500mg vitamin C tablets in packs of 60 (£3.55). The tablets contain no sugars, preservatives, colourings, or flavourings. **Distributors: The Jenks Group. Tel: 0494 533456.**

New formula

Warner Lambert have reformulated their laxative Alophen, removing two ingredients — belladonna and ipecacuanha. It remains an effective formulation, producing bowel movements within eight to ten hours, says the company. The look of the tablets and the dosage remain unchanged. **Warner Lambert Health Care. Tel: 0703 620500.**

A stunning new look for the Fenjal Classic Swiss bodycare range

Developed by Switzerland's foremost skincare experts, the Fenjal Bodycare range has long been admired for its unique moisturising formulation which cleanses and conditions the skin. Women have known for many years that Fenjal is the best secret they have for keeping their skin soft, supple and silky smooth. From mid-June 1991, in line with its premium positioning and luxurious quality, the entire Fenjal Classic skincare range will be available in stunning new packaging as unique and appealing as Fenjal is itself.

The oils and cremes sector of the £109m bath additive market is growing at an amazing 47 per cent per annum*. The Fenjal Bodycare range dominates as the strongest single brand in this sector*. The new packaging has been designed to capitalise on the huge opportunity for growth identified for Fenjal, particularly among young users, who are increasingly looking to care for their skin and who are buying into the oils and cremes sector more and more regularly.

As befits a premium priced range, the new Fenjal Creme Bath Classic packs, featuring a stylish abstract design which mimics the soft blue tones and gentle movement of water, create a high quality appearance and successfully capture Fenjal's moisturising qualities. The new Creme Bath bottle is simply designed to look stunning at the edge of any bath tub, and complements the range with its beautiful curved lines which catch and reflect the light. The well known Fenjal logo is given greater emphasis by the addition of new bold silver arcs and all packs now feature the Fenjal Swiss Bodycare stamp of quality. The unusual and eye-catching sculptured shapes of the Fenjal Body Lotion and Shower Creme bottles are designed to emulate the soft curves of the female body, while Fenjal Talcum Powder now comes in a stylish oval container with a high quality co-ordinated top. No other bath and bodycare range looks anything like Fenjal.

Unique formulation

Despite the radical progression in the external appearance of Fenjal, its unique moisturising formulation remains rightly just the same — a blend of specially selected plant oils which disperse fully in water to maximise skin contact. Fenjal really does care for and condition the skin, leaving it feeling silky smooth and beautifully fragranced with classic perfume. Independent research has shown one-third of all Fenjal users use only Fenjal**. What better proof of consumer loyalty to unprecedented product performance, indicating a high likelihood of repeat purchase.



A Classic case!

When it comes to gift purchases, no-one knows better than Fenjal just what will catch the discerning consumer's eye — and this year is certainly no exception.

The Fenjal gift box, aptly named "The Classic Collection", captures all the quality and style that is the hallmark of Fenjal. Its simple and elegant design is the perfect setting for the stunning new Fenjal packs, which mimic the soft blue tones and gentle movement of water. The gift box contains one 45ml Creme Bath and one 100g Talcum Powder at the RSP of around £5.38 and is wrapped in acetate, allowing clear product visibility while providing protection to the contents.

Research shows that one-third of Fenjal sales occur during the pre-Christmas period. "The Classic Collection", in conjunction with the popular 200ml and 125ml Creme Bath packs, is designed to take full advantage of this trend to encourage huge sales growth.

The Fenjal Classic range comprises: 45ml, 125ml, 200ml Creme Bath, 200ml Shower Creme, 200ml Body Lotion, 100g Talcum Powder, 75ml Bodyspray and 100g Soap. Fenjal is made by Smithkline Beecham Personal Care UK (Licence), SB House, Great West Road, Brentford, Mdx TW8 9BD. Tel: 081-560 5151.

A £1/2m advertising campaign in quality women's press is set to communicate the unique properties of Fenjal to loyal consumers and potential new consumers, introducing them to the wonderful moisturising world of the complete Fenjal bodycare range.

Equipped with its stylish new appearance and unsurpassed product quality, combined with a stunning new advertising campaign, Fenjal is prepared to take over the oils and cremes sector this year, stimulating a huge new wealth of users and becoming an integral and irreplaceable part of skincare regimes.

New shots from Clairol



Clairol have brought out two new handdryers, the Silver Shot, a smaller version of their successful Big Shot, and the Retro, styled in a design reminiscent of the '50s.

The Silver Shot has all the qualities of a professional dryer, say Clairol, with two speed/heat settings, concentrator nozzle and diffuser, but is more compact. The dryer is dual-voltage and rated at 1200 watts (£19.95).

The Retro is aimed at "the design conscious consumer", say Clairol. The dryer, rated at 1,400 watts, has three speed/heat settings and retails at £24.95. Both products come fitted with a plug. **Bristol Myers (Clairol Appliances). Tel: 0784 434343.**



Clairol home beauty

Clairol Appliances are introducing new beauty care products.

Celluthérapie is a vibromassage system designed for use on cellulite prone areas. It is claimed to stimulate blood circulation and improve skin tone.

It has two detachable heads — an oil dispensing head for a relaxing massage and a concentrator head for a more vigorous massage. Four massage settings are available. Also included in the pack is massage oil and

finishing lotion.

Celluthérapie comes in a cosmetic bag and will retail at £44.95. The product will be supported in women's Press in the Autumn with a £500,000 spend, say Clairol.

The second product is Clairol Skin Tonique, which comprises a power handle with three different heads for cleansing, massage and exfoliation. It is battery operated and will retail at £19.95. **Bristol Myers (Clairol Appliances). Tel: 0784 434343.**

Braun extend Oral-B campaign

Following the success of the June advertising campaign for the Braun Oral-B Plaque Remover in the South, it is to be extended to the Granada, Central and Yorkshire television areas, says the

company.

Braun claim to be the first and only manufacturer to advertise in the electric toothbrush category, with a support programme for Braun oral care now totalling

£1.4 million. Additional advertising for the Braun Oral B Plaque Remover is planned for the Autumn to further strengthen Braun's position. **Braun (UK) Ltd. Tel: 0932 785611.**

The outlook is dry

Ditropan^{*}

Oxybutynin hydrochloride

*The UK's only licensed
oxybutynin*

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* Trade Mark
July 1991

Badedas makes a splash throughout 1991



The Christmas period represents a key selling time for Badedas. Appreciated by both men and women alike it is the perfect gift to give and receive. What better a present indeed to mark any special occasion than the gift of a luxurious yet wonderfully revitalising Badedas bath, containing vitamins, chlorophyll and extract of horsechestnut, for a healthy, natural bathing experience?

Consumers are increasingly looking for gift packs that give added value benefit so, with this in mind, the Badedas gift range has been designed to present gifts with an enduring use that represent all the style as well as the bathing benefits for which Badedas is rightly famous.

The Badedas Overnight Bag is a stylish, high quality green canvas toilet bag which contains a 125g Badedas Soap and a 125ml Badedas Bath Gelee Original, successfully capturing the unisex appeal of Badedas and enhancing its high quality, natural healthy image. At an RSP of around £6.29 it becomes the perfect gift this Christmas and indeed throughout the year.

Badedas is continuing to promote its popular Bath Gelee range as gift purchases this Christmas with an unusual and appealing promotional idea. All Badedas 900ml plus 300ml Bath Gelee packs will contain a large pull-up gift bow free inside to transform instantly the Badedas packs into perfect gift purchases. This is highlighted on the front of each pack by a fully removable mock bow sticker. Instructions inside explain how the flat ribbon can be simply and easily transformed into a stylish gift bow, and the Badedas packs into stylish gifts — just at the flick of a wrist.

Range promotion

But consumers need not wait until Christmas to indulge in their favourite treat. Right through the Summer the Badedas Bath Gelee and Shower Gelee ranges are featuring a series of promotions to reward the loyal user as well as attract new consumers to the Badedas habit.

From mid-June 1991, 900ml Badedas Bath Gelee is offering a complimentary full size soap (worth around £1.69) inside all promotional packs, encouraging loyal

consumers to purchase and gaining valuable trial of the popular Badedas soap. Badedas Original Bath Gelee 300ml is offering consumers a trial size 50ml Badedas Original Shower Gelee as a gift inside the promotional packs. This offer is not only designed to reward loyal users but also encourage trial of the shower range during Summer, when shower gel sales traditionally are at their peak.

Summer sampler

To stimulate trial and repurchase further of the Badedas Shower Gelee range during this key Summer period, users are offered a free 175g box of Thorntons Continental chocolates worth £2.79 on all 200ml shower Gelee variants — Original, Creme, Fresh and For Men. All consumers need do is send two proofs of purchase from any promotional pack (RSP about £1.59) to receive a voucher redeemable at their local Thorntons outlet.

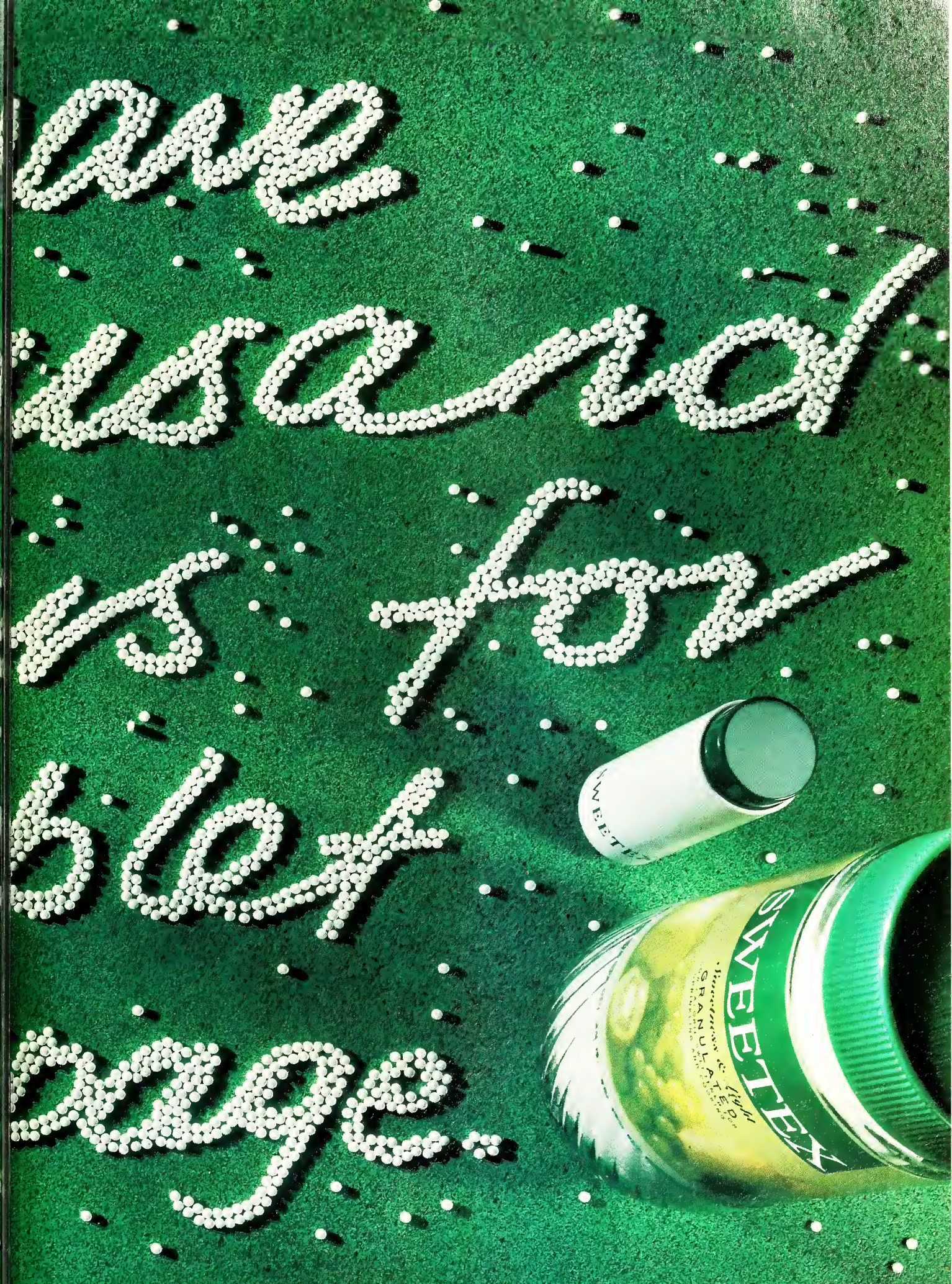
Right through Summer, Autumn, Winter and on into Spring, Badedas Bath Gelee and Shower Gelee ranges really are working to stimulate sales and volume growth — to make a splash that will send ripples throughout the total bath and shower market.

Badedas is manufactured under licence by Smithkline Beecham Personal Care UK, SB House, Great West Road, Brentford TW8 9BD. Tel: 081-560 5151.



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Asda goes independent in Wolverhampton

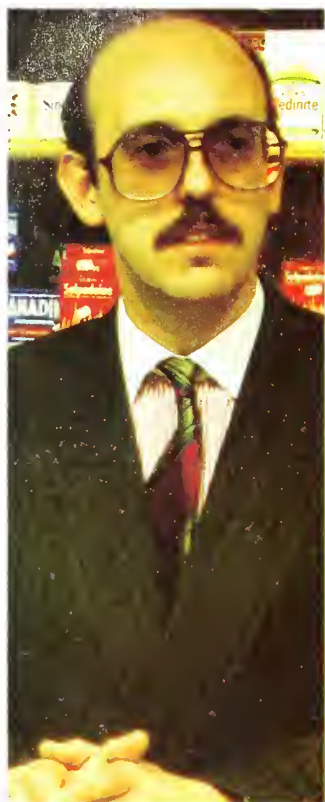
Operating a pharmacy concession in a busy superstore demands that something extra, as Asda management made clear to Staveley Chemists before they opened last year in a new superstore next to Molineux Football Ground

Asda's market research identified some time ago that what customers most wanted, as part of their one-stop-shopping superstores, was a dispensing chemist, sited within the store alongside other specialist retailers. Prior to the opening last October of Asda's Wolverhampton store such concessions had gone exclusively to Moss Chemists. At Wolverhampton, however, it was a local independent which obtained the 600 sq ft site, the first independent ever to be chosen by Asda and one of the first to operate within any superstore environment.

Staveley Chemists have five shops in Wolverhampton. A sixth was closed last year because the premises had become too small and the option of completely redeveloping the shop was considered to be less viable than relocating at Asda. Jerry Southall, managing director of Staveley Chemists, is delighted at the move. "It's an exciting concept and nice to see success coming to fruition," he says and reckons that an already buoyant trade, which extends to cover the whole of Wolverhampton and outlying villages, will further increase by some 200 per cent before it peaks in about 12 months. It usually takes a superstore, like the one at Wolverhampton, around 18 months to reach maximum customer potential.

"Counter sales are already tremendous because there is such a lot of passing custom drawn by Asda," he says, "and the prescriptions we do are literally coming from every doctor in the town. We have kept to Asda's opening hours, and on Thursday, Friday and Saturday nights the store is absolutely packed, with 28 check-outs going all the time. The pull that such places have is phenomenal which, of course, is why we decided to move here."

"Late closing also means that we are effectively a late-night chemist and we are rapidly building up trade because of this. GPs know that we are open until 8 or 9 o'clock on those days and patients come from their evening surgeries straight to us. People know where we are, right by the



Jerry Southall

Molineux Football Ground and they know they can park easily."

Mr Southall had been aware at an early stage that Asda were planning to open in Wolverhampton and he contacted them in a bid to obtain

the pharmacy concession.

"Because we were the first independent they had dealt with, they were concerned that we would be able to get it right — that the design and displays in the shop would do justice to their new store." It was their main consideration, he says. He bravely guaranteed to produce a better designed shop than in any other Asda store, and is "absolutely convinced" that is what has been achieved.

The designer touch

In order to make good his undertaking, Mr Southall employed Bizz Retail Designs, a Birmingham-based consultancy which specialises in working with independent retailers, and with which has been involved over several years in connection with the development of his other shops. "It's quite easy to employ a designer who will give you a pretty but impractical shop, or a pretty shop but an expensive one. It's a lot more difficult to produce the kind of shop I both wanted and needed, and to keep the cost down. We hadn't got a large budget but, at the same time, it had to look special," says Mr Southall.

His brief to Bizz Retail Designs was to provide a shop with an image that would really "sock 'em" — not only the customers but the Asda management as well. Indeed, he put great emphasis on what he described as presentation and image creation. "With a clean, ethical type of shop, customers

have confidence in what we do for them. We try to maintain friendly relationships with the customers and our aim is to provide a service second to none. Because of this, we believe our relationships with our customers far exceed those of large chains."

Reputation, according to Mr Southall, is particularly important at the Asda shop because 80 per cent of customers are new, not people who had simply transferred from other pharmacies, even though he has a branch only 400 yards away in Staveley Road. The Asda pharmacy carries a formidable range of dispensing lines because, unlike most independent chemists' shops, it is not restricted to a few GPs.

"Additionally, counter prices are very keen. For example, we specialise in French perfumery at competitive prices, customers recognise this and more than a few remarked on it over last Christmas," says Mr Southall. "So far, it's been a successful venture and I would expect it to become even more so provided we maintain the service and maintain the shop to its present standards of display."

A free information pack on retail design is available from David Lycett at Bizz Retail Designs, 42 Boden Road, Birmingham B28 9D (tel: 021-777 1620). Mr Lycett is a senior partner in the company and has been involved in many shop projects for independent retailers.



Looking into the Staveley Chemist Asda concession

Symptom control in cancer treatment

In the final part of this series on oncology, Ian P. Bates, lecturer in pharmacy, The School of Pharmacy, University of London, David Webb and Mary McClean, Department of Pharmacy, The Royal London Hospital, Whitechapel, review the use of drugs that are often tailored to a chemotherapy regimen

The two areas discussed in this review are emesis control and pain control, both of which need specialist knowledge in terms of pharmacology, therapeutics and formulation in order to be adequately treated or minimised.

Cytotoxic drug induced nausea and vomiting remains one of the most inhibiting factors in the chemotherapy of cancers; inadequate control of pain can degrade the quality of life in an already distressing situation for cancer patients. Both areas need serious attention as part of the overall management of cancer.

Cytotoxic drug induced nausea and vomiting

Emesis due to cytotoxic drug therapy is probably the most subjectively distressing adverse reaction experienced by a patient and can be so severe that subsequent potentially curative treatment is declined. Inadequate anti-emetic cover during the first courses of chemotherapy will produce conditioning such that emesis can occur in the expectation of further drug administration, and this anticipatory vomiting may be virtually impossible to control. Prevention is the best solution and also more effective, and it is important to give anti-emetic therapy before patients

commence chemotherapy.

Not all chemotherapy is of the same emetogenicity and patient susceptibility to the stimuli varies. Cisplatin has been reported to induce a median of 14 vomiting episodes in 100 per cent of patients, whereas bleomycin is unlikely to cause any sickness. Cytotoxics also exhibit a lag time from administration to onset of emesis which varies between drugs (table I).

Mechanism of cytotoxic-induced emesis

The vomiting centre (VC) in the medulla integrates various emetic stimuli and initiates vomiting. It receives impulses from higher cortical centres, afferent fibres from the gastrointestinal tract (GIT) and from the chemoreceptor trigger zone (CTZ). The latter is located in the area postrema outside the blood-brain barrier and CSF-brain barrier, and responds, possibly by a dopaminergic mechanism, to systemic emetic stimuli.

However, cytotoxic induced emesis cannot be ascribed solely to drug action on the CTZ and recent evidence defines a major mediatory role for 5-hydroxytryptamine (5-HT). It is proposed that chemotherapy releases 5-HT from the gut causing stimulation of the VC and CTZ via vagal

afferents which possess a subgroup of 5-HT₁ receptors. The released 5-HT may also enter the systemic circulation and activate the area postrema directly, again possibly through 5-HT₁ receptors.

Treatment considerations

Prophylactic anti-emetics should be administered to every patient undergoing therapy with drugs likely to cause vomiting. Anti-emetics must be given regularly during the time of susceptibility and this requires a knowledge of both anti-emetic half-life and the duration of maximum emetic stimulus. Vomiting is easier to prevent than to control once it is established.

● Phenothiazines and butyrophenones

These agents act centrally to block dopamine D₂ receptors and may counteract mild emesis, for example prochlorperazine and haloperidol. They are of

limited value and are prone to causing extrapyramidal effects (such as dyskinesia, akathisia, Parkinsonian syndrome, etc) because of their intrinsic anti-dopamine activity which extends to the basal ganglia.

● Benzamide derivatives

Low dose metoclopramide and domperidone block D₂ receptors in the area postrema and peripherally to maintain normal smooth muscle pacemaker potentials. Dystonic reactions characteristic of metoclopramide are not produced by the chemically-related domperidone which acts on the CTZ without crossing the blood-brain barrier. Metoclopramide, however, remains a useful anti-emetic drug as parenteral domperidone is no longer generally available.

● High dose metoclopramide (HDM)

First described in 1981, HDM was a breakthrough in the control of cisplatin induced emesis, although only when serum levels

continued on page 74

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Table I. Emetogenicity of cytotoxic drugs with time of onset (h)

Severe	Moderate	Minimal
Cisplatin (1-6)	Mitomycin C (1-4)	Bleomycin (3-6)
Dacarbazine (1-3)	Nitrosoureas (2-6)	Vinca alkaloids (4-8)
Adriamycin (4-6)	Ifosfamide (1-2)	Etoposide (3-8)
	Cyclophosphamide (4-12)	Antimetabolites (3-12)

Table II. Metoclopramide and acute dystonic reactions (ADR)

	Age	Number Patients	ADR
IV metoclopramide	≥30	430	2%
	<30	22	27%
Oral metoclopramide	≥30	24	8%
	<30	12	75%
Significance level of difference	p<0.01		

of metoclopramide reached 850ng per ml. At such concentrations, metoclopramide antagonises 5-HT₁ receptors in the peripheral nervous system. Side-effects of HDM include drowsiness, tremor and extrapyramidal reactions, which are more likely in young women (table II). These adverse reactions can be countered with

problems. The sedative properties are also useful and patients can still be roused easily to vomit if necessary.

● 5-HT₁ Antagonists

The ability of HDM to produce non-selective 5-HT₁ blockade and thereby diminish cisplatin induced vomiting has led to the development of several specific antagonists. Ondansetron, the

extrapyramidal effects from HDM surface, then the use of ondansetron would be recommended.

Management of pain in advanced disease

Although many patients with cancer fear pain, it is not an inevitable consequence of advanced disease. As many as 30 per cent of patients will experience little or no pain and, even in the remainder, pharmacological management may provide excellent control.

A patient's total pain can be classified into physical and psychological components (see diagram). Effective management of pain must address both of these areas.

Physical pain can be due to the disease process (for example tissue infiltration, nerve compression), the side-effects of treatment or arise from an unrelated pathology.

Principles of pain control

Analgesics may be viewed as a "staircase" with drugs like paracetamol at the bottom, codeine one step up and morphine above that. Mild pain will usually respond to mild analgesics, but when control is lost there should be no delay taking a "step" up to the weak opiates. If a weak opiate is ineffective, changing to another (on the same step) will not achieve control any better. Continuous pain calls for continuous treatment, such that the next dose of analgesic is given before the effects of the previous one have lapsed.

"As required" prescribing has no place since it allows the pain to recur. If this is the case, confidence is lost, and it is difficult to regain control.

Potency (comparative effect on a weight for weight basis) is not important. The most relevant property is efficacy (ie. maximal effect) and to gain control of severe pain it is necessary to use a drug of adequate efficacy.

● The strong opioids

There is no ceiling for strong analgesic doses other than that presented by side-effects. It is, however, important to monitor the patient's response as some pains are not relieved by opioids (for example, mucositis).

Psychological dependence on opioids is not encountered in the treatment of advanced cancer and significant tolerance of analgesia is not often seen. Respiratory depression is not a problem in patients whose opioid dose is titrated to their needs, unless pain is suddenly alleviated by other means.

Drowsiness is normally evident only at the start of treatment. Nausea and vomiting may be most troublesome and often requires medication for several days or longer in some case. Constipation must be anticipated and laxatives (usually a combination of faecal softener

and bowel stimulant) should be administered regularly.

● Morphine or diamorphine?

Morphine sulphate solution is the oral drug of choice and should be administered with a dose interval of four hours. This allows rapid titration of dose to the patient's pain or the control of worsening pain. Sustained release morphine (MST) is usually employed for long term maintenance. MST is not suitable for short lived or breakthrough pain, since there is a three-hour delay from administration until peak plasma levels are obtained. Conversion to MST requires half the total daily dose of morphine sulphate solution to be administered as MST every 12 hours. The last dose of morphine solution and the first of MST should be given together.

When the oral route is not or no longer available, 24 hour continuous subcutaneous infusion is usually better tolerated than rectal administration. Diamorphine is the most appropriate agent because of its great solubility (1g of diamorphine hydrochloride dissolves in 1.6mls of water). Anti-emetics (for example cyclizine, haloperidol or methotrimeprazine) may be mixed with diamorphine and infused subcutaneously.

● Co-analgesics

Co-analgesics are drugs which contribute to pain control achieved by conventional therapy. For example pain with an inflammatory component requires a non-steroidal anti-inflammatory drug (NSAID) in addition to an opioid. Corticosteroids are frequently employed in the management of cancer; as co-analgesics they reduce intracranial pressure and alleviate pain caused by nerve compression. The drug of choice is dexamethasone, 4mg given at six hourly intervals, although evening doses should be avoided because of the risk of insomnia.

Tumour infiltration which results in the destruction of nerves often calls for the use of tricyclic anti-depressants, although in this context they should be regarded as analgesics. Amitriptyline, starting with 25mg at night is traditionally administered when the pain has a "burning" quality. Anticonvulsants, however, may be more effective if the pain is characterised by a "pulsating" sensation. Carbamazepine is started in low doses of about 100mg twice daily and then gradually increased until pain eases.

Further Reading.

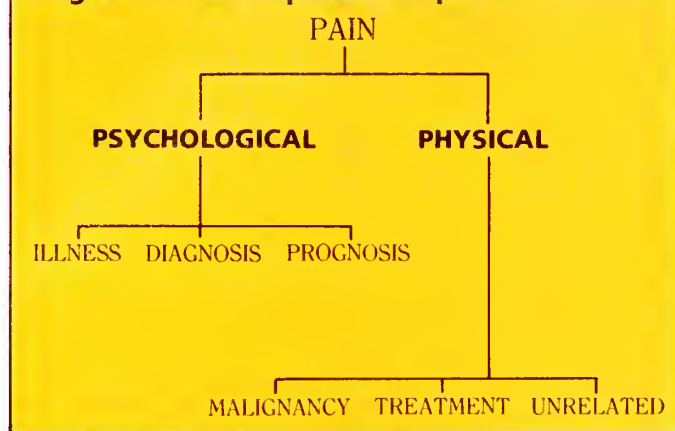
O'Brien & Cullen "Are we making progress in the management of cytotoxic-induced nausea and vomiting?" J. Clin.Pharm.Therap. 1986; 13: 19-31.

Andrews et al. "Neuropharmacology of emesis induced by anti-cancer therapy". Trends in Pharmaceutical Sciences. 1988;9: 334-41.

Symptom control in advanced cancer: pain relief. Twycross and Lack; 1983. Pitman (London).

A guide to symptom relief in advanced cancer. Regnard and Davies; 1986. 2nd Ed. Haigh & Hochland Ltd. (Manchester).

Diagram 1. The components of pain



anticholinergic drugs such as procyclidine.

● Cannabinoids

Nabilone is thought to act on the cortex to inhibit the VC and may have both anti-prostaglandin and anticholinergic properties. Although superior to phenothiazines against non-cisplatin regimens, nabilone is inadequate for highly emetic drugs. Adverse effects of euphoria, dysphoria and postural hypotension render nabilone unsuitable for older patients, although combination with phenothiazines is noted to reduce the euphoric sensations. Nabilone therapy must begin before the commencement of chemotherapy, and is rarely used as a first line treatment.

● Glucocorticoids.

Steroids (dexamethasone) are more effective than placebo and equivalent to metoclopramide against moderately emetic drugs. Despite having proven efficacy, there is a lack of understanding of their action, although decreased prostaglandin synthesis, decreased 5-HT turnover and even reduction of cerebral oedema have been postulated as the anti-emetic mechanism.

● Benzodiazepines

Lorazepam possess true anti-emetic activity (mediated through the higher centres), anxiolytic and amnesic properties. The latter quality means patients have no recall of vomiting episodes and hence this diminishes anticipatory

first licensed 5-HT₁ antagonist, has achieved striking success in the prevention and control of emesis in both cisplatin and non-cisplatin regimens as a single agent. Side-effects seem to be limited to headache and mild sedation, but the high cost of this drug has limited its use.

● Combinations

Combinations of anti-emetics have been developed to provide improved efficacy over the frequently inadequate control achieved through single therapy. Agents to be used in combination should have different modes and sites of action, demonstrable intrinsic activity and non-additive toxicities. Domperidone may be of particular use in this regard due to its lack of central nervous system side-effects. Treatment options for mild to moderate emesis include parenteral metoclopramide with chemotherapy, followed by oral domperidone or metoclopramide, or nabilone.

If this is not successful, lorazepam or dexamethasone may be added to the regimen. An effective combination for moderate vomiting should probably comprise of metoclopramide (or domperidone), a benzodiazepine and a steroid. For severely emetogenic chemotherapy regimens (for example cisplatin) a combination of HDM, lorazepam and dexamethasone is generally used. If this fails, or

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Head lice

This is the 21st *Chemist & Druggist* training seminar for pharmacists and their assistants, sponsored jointly with companies having a particular expertise in the title subject

Recognising the signs

In the first of two articles, Dr John Maunder PhD, MSc, FRSH, FRES, director of the Medical Entomology Centre at the University of Cambridge, dispels a few myths about the transmission of head lice, and reveals the tell-tale signs

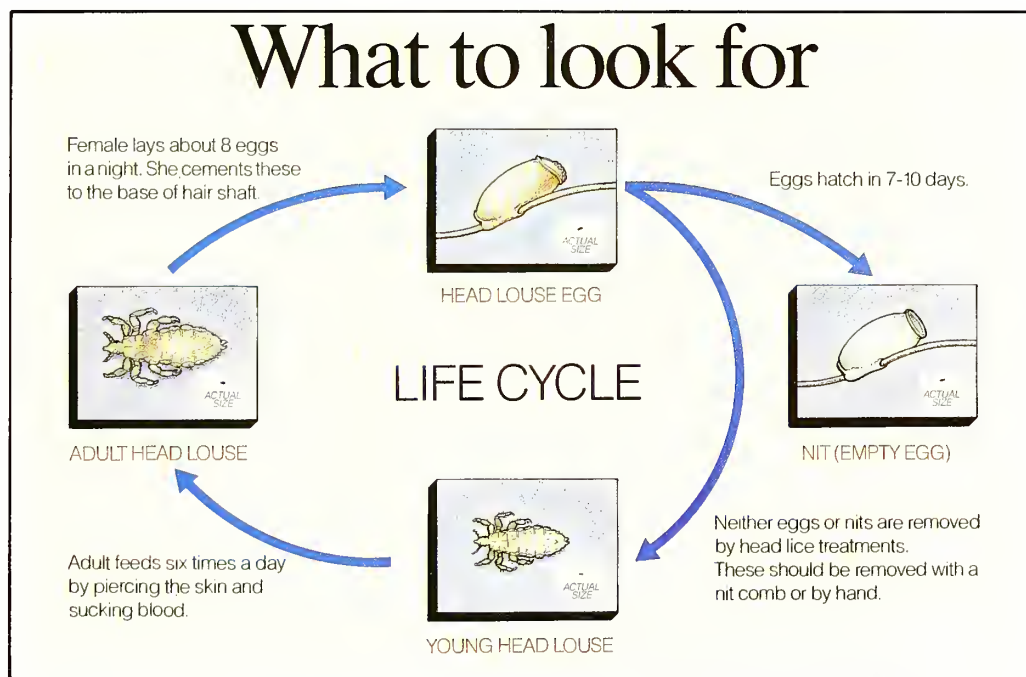
The burden of responsibility for the eradication of head lice is increasingly falling upon pharmacists and their assistants and practice nurses. All need to be able to give accurate information with confidence, especially in the area of transmission, which is so important for prevention.

Conditions for transmission

The head of a louse bears two five jointed antennae. At the top of each is a dish-shaped depression containing heat-sensitive hairs, called papillae. If the tip of either antennae registers a temperature less than 31°C then the insect turns toward the warmer side. This keeps the lice tight against the skin, near to their only food source, blood.

Head lice therefore have an invisible territorial boundary, the 31 °C contour, outside which they will not voluntarily go. All their eggs are glued onto hair close to the head within this warm zone, which means that nearly all are laid at the bases of hair shafts. However, within their warm zone the insects spread out over the scalp quite evenly. They only seek each other in order to mate. It is not true that any part of the scalp has more than another, provided that there is enough hair cover to keep the temperature above 31°C.

Head lice are spread when heads come into prolonged, quiet contact, and thus are normally acquired from members of the family, the extended family, close friends or sweethearts. When two heads touch, the hair caught between them must first warm up above 31°C before lice can



This teaching aid is one of a number of educational items available from Wellcome Consumer Healthcare Division

pass from one to the other. This takes time. Nothing attracts lice to the recipient head from the donor. It is just a matter of the lice spreading out to fill the extra space available. They find the warm bridge by random movement and some just happen to wander across. This takes more time.

This explains why short-haired people tend to catch lice more easily than long-haired people. Any warm bridge in which short-haired people are involved forms more easily as there is less hair between the heads than there would be between two long haired people.

Likewise, it explains why long-haired people, if they do have lice, usually have more of them – the warm bridges they are involved in are slower to form making the export of lice more difficult. Short-haired people tend to share lice more readily and long-haired people retain them.

Signs and symptoms

The vast majority of louse infections are totally symptomless. This must be so, for how many people would deliberately pass lice to another person? None at all. They are all passed inadvertently without either party knowing anything

about it. Lice try not to reveal themselves because that will only provoke immediate retaliation by the host. Only long-term neglected infections develop symptoms, and then not always.

Louse donors can be of any age. Some 30 to 40 per cent of louse cases occur on adults. However, adults with lice have an epidemiological importance out of proportion to their numbers for as we have seen, they usually do not know they have the insects, and may have had them for a long time. Therefore these long term symptomless carriers can keep the infection running in the

community, passing the insects to a succession of children. It is obviously perfectly possible for child-to-child transfers to occur, and these must be frequent, but children with lice are usually soon discovered and treated.

Lice feed frequently on blood, using a local anaesthetic to make the process painless for the host. Digested blood is expelled as voluminous gritty black powder. A third of this is produced at night, falling to the pillow. Gritty black powder scattered on pillows, or a dress collar becoming dirty faster than expected, is a warning sign.

Signs of lice might be seen when hair is groomed. A comb or brush may well sweep some dead lice out of the hair, since adult lice only live a week or two and their bodies have to go somewhere. Lice grow by moulting, as all insects do. Growing lice change their skins every few days and the cast skins may be swept out also. In addition, a louse faced with a fast-moving comb can sometimes be dragged right out of the hair. So signs of lice can be discovered when grooming but only by those who know what to look for.

Warning signs of lice need not be physical. If a neighbour warns that their family has lice or a radio broadcast mentions them, the alert is sounded.

Confirmation of infection

Suspect lice are confirmed with a detection comb, sold by all High Street pharmacies. Used on damp hair, as instructed, its special design will sooner or later pull out a louse if any are there. A six-legged wriggling insect on the comb is almost beyond doubt, but some detection combs have a built-in magnifying glass to help people make sure. Every family, not just families with children, should have at least one detection comb because it is the family's own duty to inspect itself. Pharmacists might like to have one available for demonstration purposes.

Louse eggs are not a good sign of current louse infection. They may be long hatched or dead. Only an actual louse is a sure sign of lice! Oddly, the increasing rarity of head lice is demonstrated by the number of requests the Medical Entomology Centre receives to supply lice to doctors, nurses and pharmacists who have never seen any. If in doubt, have a sample ready to show people.

Contact tracing

The most vital part of louse control is contact tracing, as it is with any other infectious disease. Somewhere, close to the family which has caught lice, will be the donor who has given them lice. That donor will be well known to someone in the family but will not themselves be aware they have lice. Donors never are!

The family should sit down together and write down the name of every person any of

them has had a head-to-head contact with lasting one minute or more in the past month. This list will be fairly short, but on it, if the list is complete, will be the oblivious donor of the lice, who may be someone surprising!

So good are modern creme

rinses and lotions that treatment failure is rare. What is usually neglected is this vital contact tracing, so patients re-acquire lice from the same source, sometimes within days or hours of being cured.

Because donors are usually someone well known to the

family, dealing with them needs tact. If, for example, one suspects a neighbour, then one way of tackling the problem is to say that your family has managed to get lice, since the two families are so close, wouldn't it be a good idea to check the other family!

Head lice — a community problem

In his second article, Dr John Maunder reviews the treatment of head lice infections, and the place of rotation policies

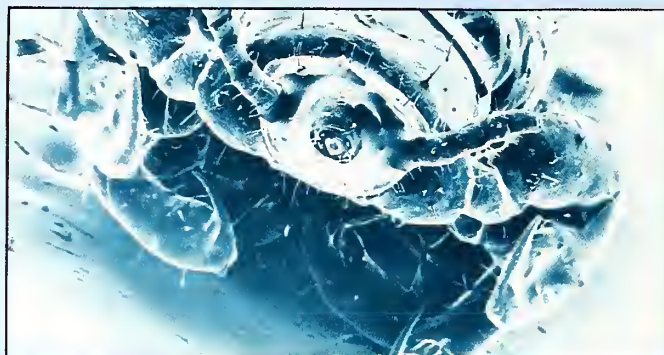
All anti-lice treatments are Pharmacy medicines, requiring a pharmacist to be available when they are sold to customers. April 1991 saw the ending of Crown immunity in regard to many health service activities. In consequence anti-lice medicines are no longer widely supplied by nurses, and families are advised to buy a product from pharmacies or get them on prescription. Health authorities are now converting to the idea that, while retaining their co-ordinating and educational role, it is the responsibility of the community to deal with the problem of head lice.

Medicines and accessories

There are effective presentations of three insecticide groups on the market. The difficulty is in ensuring their sensible use so we do not lose any of the remaining insecticide groups (III, IV and V) to resistance. The louse population already shows resistance to groups I and II which include DDT and lindane respectively.

To be sure of preventing resistance, it is important that each treatment sold is used correctly. Resistance in a louse population arises from survivors of insecticide treatment passing the ability to survive greater amounts of insecticide onto the next generation and the next and so on. Avoiding this requires effective treatment, which means using either the new short application creme rinse or traditional lotions, as none of the head louse shampoos kill louse eggs satisfactorily. Resistance developing as a result of the use of shampoos would also make the corresponding lotions useless.

Resistance will eventually develop to any insecticide if a population of insects is repeatedly exposed to it. This will take about 30 generations, about three to four years in head lice terms. The use of insecticides on a prophylactic basis should be actively discouraged: use of insecticide treatments should be reserved for those known to have head lice or close contacts. To use these products "just in case" may help to encourage



Head louse (courtesy of The Medical Entomology Centre)

resistance and, more importantly, to expose people, especially children, to insecticides without good reason is wrong in principle.

Principles of control

The introduction of rotational policies by district health authorities, where one insecticide group is used for three years then a different one for the next three, is an effective measure to counteract the development of resistance, but is exceedingly difficult to implement. Health authority policies are often very good, but equally often not very widely publicised.

Where it is not possible or desirable to use a rotational policy, or indeed if the policy is not working effectively, a mosaic application system should be used. One family entering the pharmacy will be given a product containing say, permethrin, the next family will be given one containing malathion and the next carbaryl, and so on. In this way insect populations are less likely to meet the same insecticide indefinitely.

Health authority policy should include guidelines on prevention, detection and treatment. The importance of contact tracing cannot be stressed too strongly and if done correctly will greatly assist the further demise of the head louse population. Contrary to popular belief the incidence of head lice in the UK is decreasing, although that is not to say that areas may from time to time experience an increase on a local level.

The district pharmaceutical officer should have a copy of the local policy if you or your

assistants are unsure of what the current recommendations are.

Community pharmacy's role

The community pharmacist will increasingly become the first line source of information about head lice, as indeed he already is for many other medicinal areas. A quiet corner of the pharmacy proves to be an ideal spot to discuss with customers their queries and problems in this area, and provides an opportunity for the pharmacist to educate in the areas of grooming, transmission and contact tracing.

A lot of misinformation exists in the community, and the pharmacist and his assistants are ideally placed to replace the "old wives tales" with accurate up-to-date knowledge, so enhancing patient compliance, and reducing the stigma which is still attached to being "lousy". This will of course result in the need for further training of the pharmacy staff to ensure that their knowledge level of the prevention, detection and control of head lice is sufficient to the task.

Myth prevention

You will have noticed that I have not once used the words: infestation, school, epidemic, itch, scratch or jump. If you find you are using some or all of them frequently when advising about head lice it may be that you are unwittingly perpetuating myths, which abound in this area.

If you feel you need training or advice in this area, the Medical Entomology Centre runs short training courses.

Formulations for the '90s

Mrs Barbara Francis, technical advisor, The Wellcome Foundation, describes the impact of new pyrethroid insecticides and formulations on the market

All insecticides used for head lice treatment are essentially nerve poisons with each of the groups having a slightly different mode of action. There is already widespread head louse resistance to two chlorinated hydrocarbons used as insecticides, namely DDT and lindane (1). Consequently the organophosphate, malathion and the carbamate, carbaryl have been used almost exclusively for head lice treatment in the UK over the last 15-20 years. Over the last 18 months, however, new products have emerged in the UK from another insecticide group, the pyrethroids.

Pyrethroids

The insect repelling qualities of the chrysanthemum flower have been known for centuries. Pyrethrum, from the dried flowers, was the active ingredient in the domestic insecticide "Keatings Powder" which was popular in the early 1900s.

Crude pyrethrum contains six biologically active compounds known collectively as the natural pyrethrins. These were first isolated in the 1920s, and their broad spectrum of insecticidal activity and low potential for mammalian toxicity enabled them to be used for general pest control, but their use was limited because of their lack of stability in air and light. The unravelling of the structure of these molecules had to await advances in science, but by 1949

the first analogue had been synthesised.

All pyrethroids are synthetic structural analogues of the natural pyrethrins. They are all esters, with alcohol components linked to acid components, but with different pairings to give compounds with individual chemical and biological properties.

All of the so called "first generation" pyrethroids tend to decompose on exposure to sunlight, with both the acid and alcohol parts of the molecule being affected (2). In order to try and improve the photostability, phenoxybenzyl alcohol was combined with chrysanthemic acid; this led to the synthesis of phenothrin in 1969. Further modification of the acid portion of the molecule led, in 1973, to the synthesis of the first photostable pyrethroid — permethrin. The development of the more photostable pyrethroids was a major step forward as they combined the insecticidal effectiveness and low mammalian toxicity of the pyrethrins with improved residual activity.

There has been various pyrethrin- and pyrethroid-based head louse products available in the USA and Europe for some years. The first pyrethroid product to appear in the UK was a phenothrin shampoo in March 1990. This was closely followed in the May of that year by a creme rinse formula-

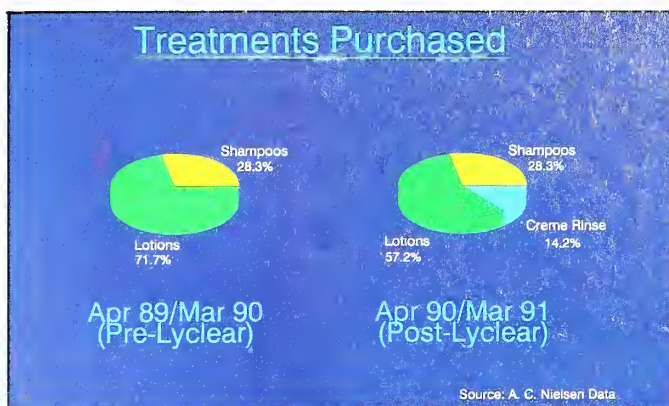


Figure 1(a) and (b): Effect of the introduction of permethrin creme rinse

tion containing permethrin which had been available since the middle 1980s in the USA. This formulation had the advantages of combining a single short application time with residual activity and efficacy comparable to malathion lotion (3). The latest of the pyrethroid head louse treatments is a lotion containing phenothrin which was introduced in April 1991.

Formulations

Before the permethrin creme rinse, only lotion or shampoo formulations were available for head lice treatment. Health professionals tended to recommend only lotions Fig 1 (a) (4). The remaining third of sales were shampoos, showing there was public demand for more "pleasant to use" products. Indeed the alcoholic lotions, in particular, are not conducive to good patient compliance due to their long treatment time, unpleasant smell, alcoholic fumes and flammability. Following the introduction of permethrin creme rinse in May 1990 Fig 1 (b) there was an effective alternative to lotions, with a

more cosmetically acceptable profile.

Prior to March 1990 the pediculicide market was divided mainly between malathion and carbaryl. Over their first year in the market (May 1990-April 1991) the pyrethroid products have captured 21 per cent of sales through pharmacies (4).

Education

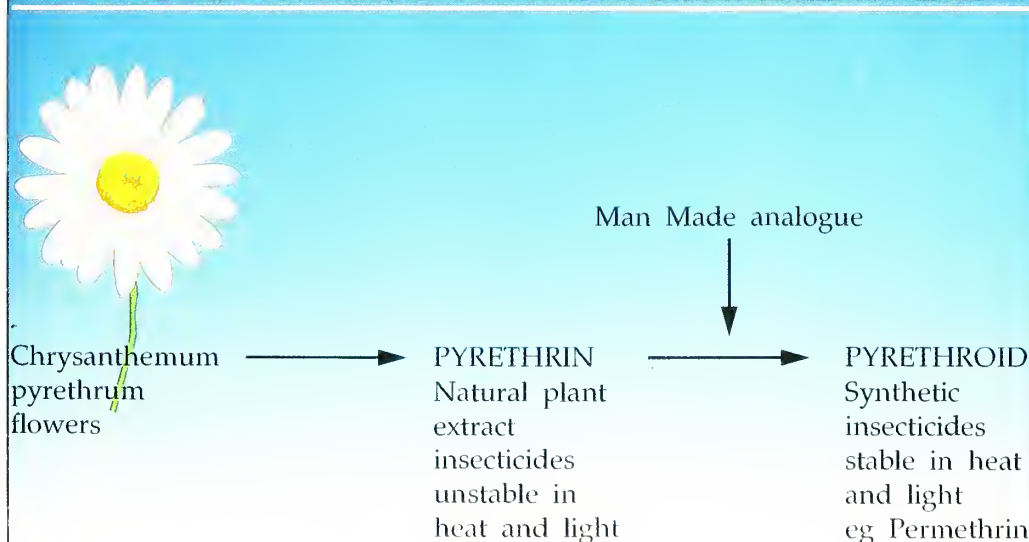
The shift in emphasis for the control of head lice infection is moving away from the health authority to the community, and it is therefore the family as a whole which now need educating. It is the responsibility of health professionals in the community to provide this knowledge.

Many control problems arise from patient non-compliance or lack of knowledge about lice in general. Misconceptions about how treatments work and their effect on lice, nits and eggs can cause many false claims of treatment failure or resistance. The stigma attached to having head lice needs to be eliminated so control policies can be implemented effectively. Because pharmacists and their assistants influence 60 per cent of treatment purchases (5), they are in an ideal position to play a key role in the education of the patient.

Conclusion

The pyrethroids can clearly provide effective alternative treatments for head lice infection and are an important addition to rotational policies. The advantages of an effective, yet cosmetically elegant formulation, are that patients will prefer to use such products (6), and are more likely to use them properly.

DEVELOPMENT OF PYRETHROIDS



The development of the pyrethroids

References

1. Maunders JW (1971) Sept 3, *Community Medicine*
2. Chadwick PR (1982) *Environmental Health*
3. Data on file, The Wellcome Foundation Ltd.
4. AC Nielsen (March/April) 1991.
5. Data on file — Taylor Nelson October 1988 for The Wellcome Foundation Ltd.
6. Data on file — Carne Martin June 1989 for The Wellcome Foundation Ltd.

Lyclear Creme Rinse Prescribing Information
 Presentation Each 59ml bottle of Lyclear contains 1% w/w permethrin plus 20% w/w isopropanol in a creme-rinse base. **Uses** For the treatment of head louse (*Pediculus humanus capitis*) infections. **Dosage and Administration** *Adults and children over 2 years:* Shampoo hair as normal, rinse and towel dry. Shake the bottle thoroughly and apply enough Lyclear to saturate the hair and scalp. Leave on the hair for 10 minutes, then rinse thoroughly with water and dry in the usual way. **Contra-indications, warnings, etc.** *Contra-indications:* Hypersensitivity to permethrins, other synthetic pyrethroids, pyrethrins or chrysanthemums. **Precautions:** For external use only. Wear gloves for multiple applications. Only use in children under 2 years under medical supervision. Use in pregnancy only if potential benefit outweighs the possibility of unknown risks. **Side- and adverse effects:** Adverse reactions are infrequent, mild and transitory, and are usually also symptoms of head louse infection. **Basic NHS Cost:** £1.68. Legal Category [P] PL3/0252. Further information available on request. **The Wellcome Foundation Ltd.,** Crewe, Cheshire CW1 1UB. Lyclear is a Trade mark.

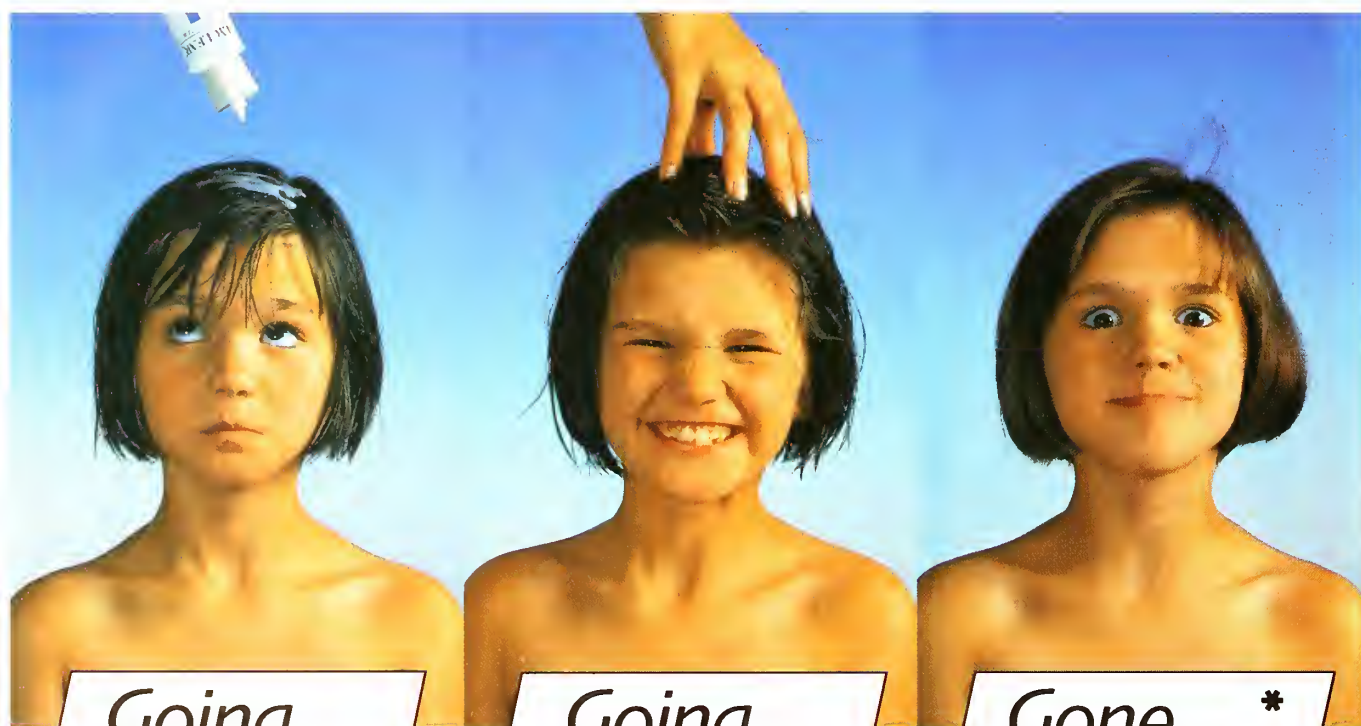


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Pharmacy Stamp

No. of prescriptions to be issued (in words) NP

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GTN spray m (50)

Amoxycillin tablets m (60)

Salbutamol inhaler p.m. (2)

Signature of Doctor

Date

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Form (P10) (Wales) (Rev. 12.77)



1. What could account for these symptoms?
2. What action do you suggest?
3. Will a mouthwash help?



1. There are many possible causes: bad breath could be due to poor oral hygiene, diet (for example, a fondness for garlic), or smoking; sore gums could be due to poorly fitting dentures or illness.

Drugs may also contribute. The dose of amoxycillin and use of a bronchodilator suggests the possibility of chronic bronchitis. Prolonged use of a broad spectrum antibiotic such as amoxycillin could cause oral candidosis, which could in turn cause both sore gums and bad breath. Alternatively, chronic treatment with amitriptyline causes dry mouth which again

causes soreness, candidosis and contributes to caries.

2. Counsel on diet and smoking if necessary; referral to a dentist is appropriate and inspection of his teeth, gums and tongue will confirm the presence of caries or candidosis. As a stop-gap, immediate help with dry mouth can be provided by chewing sugar-free sweets or gum to stimulate saliva flow.

Several changes to his drug treatment are possible if consultation with the GP and dentist suggests that it is appropriate: the need for antidepressant therapy could be reviewed, considering substitution of an agent which is free of anticholinergic effects, such as a 5-HT reuptake inhibitor.

Amoxycillin could be replaced by an alternative agent, although any broad spectrum antibiotic may provoke candidosis; frequent use of antibiotics may indicate a need to reconsider bronchodilator therapy. If the symptoms are severe, antibiotic or antifungal treatment may be needed.

In view of the use of amitriptyline, you should ask whether he has experienced any difficulty with sublingual glyceryl trinitrate. It may be appropriate to consider alternative anti-anginal therapy until the problems with his mouth are sorted out.

3. A mouthwash is unlikely to resolve the problems on its own but it may help subjectively.

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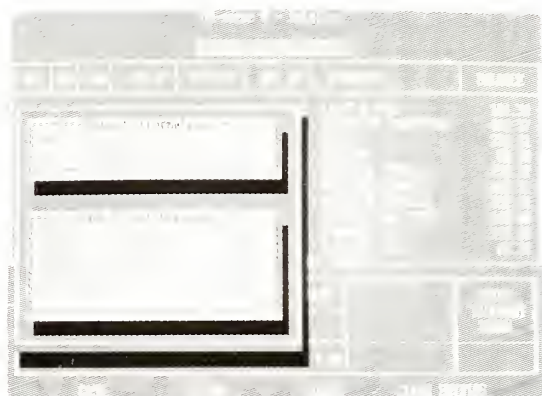
All pharmacists should be aware of the provisions of the Medicines Act 1968. The supply of unlicensed medicinal products contrary to the provisions of the Act is illegal.

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VAT comes of age



It is 18 years since Value Added Tax was introduced to replace purchase tax and selective employment tax. Since then various Finance Acts have amended what should have been a fairly straightforward tax into the complex and difficult to understand tax it has become today.

Changes are made apparently without considering the effect they have on registered traders. With the increase in the standard rate from 15 per cent to 17.5 per cent from April 1, 1991, insufficient time was given to enable pharmacies to change prices on the large number of stock items. Moreover, the introduction last year of penalty and interest charges regulations makes it even more important that retail pharmacists understand and operate their own particular **VAT retail scheme** correctly.

The introduction of VAT has meant that additional and more accurate bookkeeping records have to be maintained. This article is therefore aimed at reminding retail pharmacists how VAT retail schemes — Customs & Excise approved systems for recording VAT — operate and the peculiarities applicable to pharmacy and the records involved. Many VAT inspectors regard the combination of Value Added Tax and pharmacy as the most difficult to comprehend!

The latest increase in the standard rate of VAT to 17.5 per cent has made pharmacy bookkeeping even more complex than before. George Raven, FCA, the NPA's group accountant, revisits VAT, providing a guided tour through the intricacies of the tax as it applies to pharmacies

Repayment traders

Repayment traders are businesses which receive money from Customs & Excise rather than paying money to it. Any pharmacy with NHS sales of at least 25 per cent of their total turnover will be a VAT repayment trader — a rare animal outside pharmacy. This is because nearly all items dispensed at zero rate will have been purchased by the retailer at standard rate. In order to reclaim the VAT due as soon as possible pharmacists have been granted a concession whereby they submit monthly VAT returns instead of the usual three monthly returns. If you wish to save some paperwork and can afford to wait then a three monthly return can be submitted. Needless to say the vast majority of pharmacists submit monthly returns.

Every VAT-registered person must keep, by law, a VAT account which provides a link between their VAT return and accounting records. It also enables a check to be made if necessary. Registered traders must make the following summaries.

Input tax: VAT deductible

- VAT charged on purchases less credits from suppliers
- VAT on imports
- Bad debt relief
- Net overclaim from previous tax periods of £1,000 or less
- Adjustments re special schemes

Output tax: VAT payable

- VAT charged on sales less credits allowed to customers
- VAT due on postal imports
- Net underdeclaration from previous tax period if £1,000 or less
- Adjustments with respect to special schemes

Retail schemes

In order to account for VAT correctly pharmacists must use one of the 10 Customs & Excise retail schemes, A to J. In practice there are only three schemes suitable for pharmacies: B, D and F.

Schemes B and D are used where takings cannot be separated at the point of sale between zero and standard rated items. Scheme B is only suitable for two rates of tax: zero and standard. The zero rated sales must be below 50 per cent of the total turnover. The NPA have negotiated a concession with Customs & Excise whereby prescription income can be disregarded in making this calculation.

Scheme B arrives at the selling price for zero-rated goods by adding on the retailer's margin to the purchase price. The exercise assumes that what you bought during the month is what you sell during the month. Scheme D has a maximum turnover of £500,000 and is based on apportioning gross takings on the basis of standard and zero rated purchases of goods for resale.

Scheme F is the simplest to use, but requires takings to be separated at the point of sale.

Whichever scheme is used suitable records should be kept so that the output and input tax figures can be calculated.

All retail schemes should start with records of gross takings. The Customs & Excise define VAT gross

takings as all zero and standard rated takings. Exempt items such as rent received and rota payments should be excluded. Takings records must therefore include all sales — NHS levies, private prescriptions, credit card sales, face value of coupons accepted, goods taken for personal use and the net monthly NHS cheque (gross less rota and ESP allowance etc). In Scotland and Northern Ireland the value of doctors' stock orders must also be deducted from the NHS cheque.

For any of these schemes records must be kept of all purchase invoices, including expense invoices and the associated input VAT. Note that Customs & Excise now require traders to include on the VAT 100 form expenses and some items that are not subject to VAT such as rent, rates and postage.

Additional records

Under Scheme B records must also be kept of the purchase of zero-rated items such as babyfoods. To arrive at the selling price for those zero rated goods the expected selling price must be noted against the cost. Zero rated purchases of prescription items must not be included in this record.

The additional work involved with these records can be avoided by using the fixed rate mark-up published by the Customs & Excise. However, the figure they use of 20 per cent is generally regarded as too low for pharmacies.

Scheme D users must keep purchase invoice records which analyse goods for resale between

zero and standard rate items. In many cases it is not necessary to list all invoices separately; instead a statement total can be entered, with the invoices kept attached to statements.

Scheme B and D users must remember to use a separate special NHS factor, which is different for every pharmacy, in calculating their output tax. The factor allows for goods which are zero-rated. This will only be necessary where significant amounts of zero-rated items such as gluten-free food are purchased. Customs & Excise leaflet 727, form 21(c) explains this calculation. If you ignore this calculation you may be reclaiming too much VAT.

NPA VAT stationery has been used by many of our members since the introduction of VAT and is very favourably regarded by VAT inspectors. Experience has shown that VAT inspection visits are usually more straightforward when the NPA stationery is used.

The Customs & Excise do not specify any specific method of keeping records or accounts beyond keeping a VAT account. However, this record must be kept in such a manner that the figures used in preparing the VAT return can be easily checked and verified by Customs & Excise officials. All records should be therefore kept up to date and contain enough information to enable the VAT return to be prepared.

The records must contain the following basic information;

- All taxable supplies made by the business
- All exempt supplies

- All exports
- Gifts or loans
- Taxable self-supply
- Goods for private use
- All taxable supplies of goods and services received by the business
- All imports
- Credits
- Correction of errors

All business records must be kept for six years. If this is a problem then your local VAT office has discretion to allow you to retain records for a shorter period.

Nowadays there are computer based systems which will calculate the VAT refund in addition to the other accounting records. Customs & Excise do like to be notified of a trader's intended use of a computer system beforehand. But be warned: it is not unknown for them to reject computer produced records, causing the trader to incur additional costs and time spent preparing retrospective manual records.

Misdeclarations

The introduction of new penalty and interest charges last year has made the accurate recording of VAT transactions and calculation of the VAT liability even more important. A "serious misdeclaration" occurs if the VAT repayment is overstated or the VAT payment is understated, and a penalty may be imposed even though it is an honest error. The Customs & Excise do not appear to recognise human error, although there has been some evidence recently of a relaxation of this rigid stance.

However, the Chancellor announced in the 1991 Budget that the system of levying serious misdeclaration penalties will be reviewed. Any changes will be incorporated in the 1992 Finance Bill.

Meanwhile the rate of penalty has been reduced from 30 per cent to 20 per cent, and it can be avoided altogether by a voluntary disclosure to the Customs & Excise. Also it will not usually be imposed where a misdeclaration on one VAT return is effectively reversed by a compensating adjustment for the same transaction on the next VAT return. Be aware too, that a default interest charge can also be made if VAT has been overclaimed.

Some goods news

There is some good news for pharmacists; if VAT refunds are unnecessarily delayed a repayment surcharge will be made by the Customs & Excise. This is the greater of £30 or 5 per cent of the tax involved. The Customs & Excise are, however, reluctant to make these payments and it is difficult at times to prove that they have been at fault in delaying repayment. The NPA is always willing to assist members in making claims.

If you feel that your existing records do not meet the requirements it is worthwhile spending some time reviewing them. Nowadays many firms of accountants employ ex-VAT officers on their staff. A word with them may prove enlightening. You never know — you might find that you are not claiming a large enough refund!



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Audit Office to review pharmacy

The director of health at the National Audit Office, Mr R Bennett, has confirmed to the Royal Pharmaceutical Society that the NAO is about to undertake a study of community pharmacy.

There had already been consultation with the Department of Health, and the secretary and registrar has been invited to meet Mr Bennett on July 16 to discuss the proposed study. Arrangements have also been made for the National Audit Office to discuss the matter with the secretary of the Pharmaceutical Services Negotiating Committee, Steve Axon.



Secretary and registrar John Ferguson added that there was nothing ominous about the inquiry.

Silverman to leave Council

Bernard Silverman resigned from the Council of the Royal Pharmaceutical Society at the end of its meeting last week. Mr Silverman, formerly director of professional services for Boots the Chemists and a member of the Nuffield Inquiry into Pharmacy, had been a member of the Council for 11 years and served as its president for two years, from 1987-89.

His resignation follows his appointment to the Statutory Committee in May. Mr Silverman says it is normal for Council members in such a position to retire from Council because of the conflict of interests. His resignation had been delayed for a couple of months for the presentation of a report on Council's committee structure and its relationship with Society officers, which he chaired.

The president, David Coleman, said he had known Mr Silverman for a long time and was very sorry he was leaving Council.

Marion Rawlings said she had been vice-president when Mr Silverman had been president and

he had been very helpful, doing all he could to ease her path. Her admiration for him had increased since he had left office, because he had contributed almost as much to the Society as when he was president.

Mr Silverman's resignation will be reported to the Council as a casual vacancy at the next meeting in August, nominations to fill the vacancy would be taken in September with co-option to fill the vacancy in October. The co-opted member would remain in office until May 1992.

Mr Silverman's departure creates two vacancies on the Society's Council following Graham Walker's resignation (*C&D*, June 15, p975), which was formally reported.

The procedure for replacing Mr Walker will precede that for Mr Silverman by one month, so nominations will be taken at the August meeting of Council, with an election in September. The pharmacist co-opted would also remain in office until May 1992.

The role of the National Audit Office is to investigate whether the Government is receiving value for money from its investments, and in pharmacy's case this meant its investment in the National Health Service. A number of questions were being addressed, and many of them related to remuneration.

Europe Council agreed to ask Bill Darling and the other UK representatives on the European Community Pharmacy Group to look into the way the profession's money was being spent in Europe.

Giving a personal view of his first EC Pharmacy Group meeting in Strasbourg on June 17-18, the president said he had come away disappointed and annoyed at the poor way the profession's future was being discussed. He suggested the useful information obtained from the meeting could have been disseminated more effectively for a fraction of its cost.

Time had been wasted because of poor presentation. Discussion of a presentation on generic substitution had been deferred because delegations had not prepared positions. At another point, an attempt was made to push through a fundamental change in relation to fees without prior warning and under the heading of "miscellaneous".

Mr Darling said there was within Europe a different attitude to the running of meetings. He would be happy within the UK delegation to discuss the best way of spending the profession's money in relation to Europe because he believed it could be spent to better effect.

Negligence Directive The secretary and registrar reported that he had written to the Government protesting at a draft European Community Directive which would reverse the burden of proof in cases of alleged negligence by a supplier of services.

Professor Geoff Booth said that in the UK a consumer alleging negligence by a supplier of a service had to provide proof of that negligence. It was being proposed in Europe that there should be a reversal of the burden of proof, so the supplier would have to prove he had not been negligent.

Mr Ferguson said the proposal

had caused concern at a recent meeting of the European Secretariat for the Liberal Professions (SEPLIS). And at a meeting of the United Kingdom Inter-Professional Group, each professional body had been asked to write to its own government sponsoring department to make the point that the reversal did not seem necessary in the case of UK legislation.

Free movement within GATT Council agreed to encourage the EC Pharmacy Group to raise with the Commission a proposal for free movement within the professions throughout the 96 nation signatories to the General Agreement on Tariffs and Trade.

The Council would itself seek discussions with the Government on the proposal. Professor Booth said that within the GATT negotiations there was a draft framework agreement on the liberalisation of the trade in services, including the free movement and right of establishment of professions. This would broaden into a world scene the free movement that had now been established in Europe. It was therefore essential that the regulations should contain nothing detrimental to the profession.

Payment link to education Council agreed to ask the DoH Working Party on the future of community pharmacy to explore the possibility of linking payment for new special items of service to a requirement to complete specified education and training.

The Postgraduate Education Committee had examined how financial incentives could encourage good practice and participation in postgraduate education. One possibility was a link between a postgraduate education allowance and the provision of "extended role" services such as patient counselling.

Confusing brand names Following a resolution of the 1991 Branch Representatives Meeting Council is to ask the Association of the British Pharmaceutical Industry and the Registrar of Trade Names that when consideration is given to the names of branded drugs, confusion with existing names should be avoided.

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Q&A causes sleep loss!

I am always delighted when an issue of your magazine contains a Questions and Answer case study as I find these features ideal for helping me keep up-to-date.

The last Q&A contribution (C&D, June 22, p1044) involved the case of a retired miner who had sleeping problems, and we were encouraged to consider which of his drugs could have contributed to his "bad dreams". Whereas the answer rightly points out that some acetyl co-enzyme A reductase inhibitors have been shown to impair the quality of sleep, I feel that the choice of pravastatin for this examples was rather unfortunate. In one comparative study lovastatin was shown to affect a number of sleep parameters whereas pravastatin did not. Simvastatin has been associated with sleep disturbances and has insomnia listed as a side-effect in its Data Sheet; pravastatin does not.

Pravastatin is a hydrophilic drug whereas both lovastatin and simvastatin are lipophilic, and this may explain why pravastatin does not appear to exhibit the CNS side-effects associated with the other two statins.

As pharmacists if we are to advise GPs on rational drug usage and become involved in the creation of practice formularies it will be important that we are aware of differences in actions and side-

effects of drugs within drug classes. This will allow us to help GPs make the most rational choice.

Terry Maguire
Belfast

Editor. The answer stated that there is no convincing clinical advice that acetyl coenzyme A inhibitors impair sleep; the example in this Question and Answer could therefore equally have been simvastatin. The fact that the Data Sheet for pravastatin does not cite this symptom is certainly inadequate evidence on which to favour one drug over another when advising on rational prescribing. Confronted with this case, it would be unsound to exclude the possibility of an association between pravastatin and sleep disorder, though justifiable to exclude it as a probability — which is what the answer did.

Locums — point to counter point

It was with some interest that I read the letter from Brian Dosser, National Pharmaceutical Association finance officer, explaining his position regarding the Inland Revenue and locum pharmacists. He is absolutely right when he suggests that the Revenue is often challenging conditions and arrangements of

locum services and that such disputes should ultimately be settled in a court of law.

However, he significantly points out that, even though pharmacists have a right to be self-employed, they often submit to "rulings" and "edicts" issued by tax inspectors merely because they are not aware of their legal rights. In all this we are at one, but there are two areas where my standpoint is very different.

The first is that whereas Mr Dosser continues to suggest that there is currently no change in locum status, I stand by my original remarks that we are currently facing a very serious initiative launched by the Revenue "Specials" into pharmacy. Already the largest chemist chain in the UK deals with locums on a PAYE basis.

Overnight almost 10 per cent of all pharmacy outlets have been struck down. For Mr Dosser to suggest that this was at that company's behest (incurring additional costs and many practical difficulties) is at best naive and mischievous. I am aware that another large chemist chain is also now under scrutiny.

The second area is that whereas he proposes the continuation of a long standing "fire fighting" strategy tackling local problems as and when they emerge, I advocate a concerted campaign. This must be pre-emptive in nature and should not tackle localised problems as and when they occur, but prevent them from occurring in the first place.

In recent weeks I have had dozens of letters and telephone calls from both locums and proprietors who share the view that if their knowledge of the practicalities of what constitutes

an employed and a self-employed situation were to be increased, it would give them a fighting chance to exercise the legal right to self-employment. It would enable them to arm themselves with new confidence when talking to Revenue inspectors. More importantly, it would enable them to organise their locum policies and practices in such a way as to effectively shut the door to the possibility of a PAYE imposition.

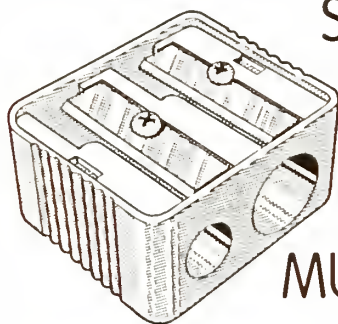
In addition to this a fighting fund needs to be launched so that the court action referred to by Mr Dosser can actually be taken so that supportive test case history can be created. Despite Mr Dosser's Napoleonic comments, we fully intend to continue with the fighting campaign, urged on by the very many letters and phone calls of support.

Over the next few weeks, we shall be finalising details of our meetings, to which all interested parties are invited. We have already secured the services of Andrew Watt, the tax expert who so successfully defended optical locums at a recent special tax commissioners hearing.

I genuinely wish Mr Dosser the best of luck with his approach, for it does have an important role to play.

I can only hope that he may yet reconsider his view by accepting the seriousness of the true situation. By bringing in the undoubted expertise of the NPA he would positively act in concert with the many locums and proprietors wishing to take active steps now to protect their livelihoods.

Mark Koziol
Managing director,
Provincial Pharmacy Locum Services



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En route to Romania

When Liverpool community pharmacist John Donoghue was looking for ways to get some vital supplies to an old peoples/children's home in Romania recently, he asked his local Vestric depot to help, and they loaned him a van for two and a half weeks to make the trip. John is involved with a local charity — Appeal for Medical Aid for Orphans in Romania (AMOR) — which has taken on the building refurbishment and supply of a home for 100 old people and 100 children from the local gypsy population in the village of St George, Transylvania. "This time, with Vestric's help, we sent out antibiotics for the children in line with WHO guidelines, and building materials, mostly paint, and dried foods." John first got together with AMOR when it approached the LPC for help with drug supplies

Grampian increase offer as Macs interim profits rise 15pc

Grampian Holdings have announced an increased and final offer for Macarthy plc just days after the retail to distribution group revealed interim pre-tax profits for the six months to March 30 up 15 per cent to £2.75 million. There has been a minimal acceptance of their first offer.

Grampian's increased ordinary offer values each Macarthy ordinary share at 230p and is based on 17 new Grampian convertible shares, two new Grampian ordinary shares and 182p in cash for every ten Macarthy ordinary shares. On Tuesday after the new offer was announced Macarthy's shares closed at 229p, down 4p on the day.

Grampian say the offer values Macarthy at £63.25m and represents a premium of 44 per cent — based on the Macarthy ordinary share price on May 20, the day before speculation about a bid prompted a price surge — a multiple of 20 times Macarthy's 1990 earnings and an increase in income of 21 per cent. Acceptances must be received by 1pm on July 26.

Grampian says its increased offer represents a level which, in addition to placing a full and fair value on Macarthy, provides a generous premium for control. The company points to a "sub-standard performance, inconsistent results and muddled strategy over the past five years".

Macarthy's board has unanimously rejected "this renewed attempt by Grampian to acquire Macarthy on the cheap".

It says that Grampian's offer, "with only a small cash element of 8 per cent" is expressed as being worth 230p per ordinary share. The board says shareholders should note that Grampian intends to keep the interim dividend of 5p (net) announced last Saturday.

Macarthy chairman John Read said: "Our recently announced interim results demonstrate that management is already achieving significant tangible results in revitalising the company through a clearly focused strategy". The board, with the backing of its financial advisers, Schroders, recommends shareholders take no action.

The improved pre-tax profits in the Macarthy interims come from a 55 per cent increase in operating profit from the pharmaceutical products division — a record performance is claimed for distributor Farillon — and the return of the veterinary business to the black.

However, Macarthy acknowledge their Savory & Moore retail pharmacy business has not escaped the recession. The period included Christmas, yet operating profit fell to £2.38m (£2.67m). As part of a review of retail distribution following the sale of the pharmaceutical wholesaling business, regional stockrooms have been established which should improve margins and stock control, says Macarthy. Operating profits in the health food division fell back to £11,000 from £189,000.

Overall turnover fell to

£101.83m (£189.03m) following the sale of the wholesaling operation. The interim dividend remains at 5p.

In their analysis of Macarthy's "uninspiring" interims, Grampian say that the pharmacy chain's operating margins continue to decline and remain significantly below those of its key competitors, and the pharmaceutical products division is still only achieving operating margins at 1988 levels, and suggest the results have been flattered by non-recurring items such as one-off profits on store disposal and credit for the amortisation of the pension fund surplus.

Grampian say the interim report is significant for what it omits. There is no profit forecast, and no dividend forecast, they say, and Macarthy has failed to answer any of the questions raised in the last letter sent to shareholders.

Prospects good for franchises

Prospects for investment, sales, profitability and training look better for franchised business than managed business according to a survey by Cranfield School of Management for the British Franchise Association.

The survey shows franchise businesses to be: 12 per cent more profitable; net recruiters; export leaders; twice as likely to be capital investors and to invest in management development; and more likely to invest in training.

Commenting on the results, Association chairman Michael McGhee said: "Franchised businesses are more likely to find opportunities even in hard times and they do have the commitment of their unit owners to realise those opportunities".

The Cranfield survey is available from the BFA, who also publish an information pack for prospective franchisees (£17.50) and a manual for franchisors (£22.50, both include p&p). BFA, Thames View, Newtown Road, Henley-on-Thames, Oxon RH9 1HG. Tel: 0491 578050.

No change to RPM imminent, says PATA

No changes to the existing law on resale price maintenance are likely before 1996 at the earliest, according to the newly elected president of the Proprietary Articles Trade Association, Mr D.P. Mulholland.

No new legislation on RPM was announced in the Queen's speech at the opening of Parliament last November. RPM must continue on over the counter medicines until such legislation is in place and the issue has further been reviewed by the Office of Fair Trading, he notes.

The Association received 239 price cutting reports last year. Of these 70 per cent were corrected following action taken by the PATA and a further 30 traders agreed to change their prices following action taken by the Association's solicitors. "If the PATA were to relax its vigilance there is no doubt that RPM on proprietary medicines would soon be swept away on a tide

of price cutting," says Mr Mulholland.

The PATA moved offices during last year to 5 Caxton Way, Watford Business Park, Watford, Herts WD1 8UA. Tel: 0923 211647.

A new look

In time for 1992 guidelines, Vantage members are to be given a choice of three different fascia designs, all using the wording Vantage Pharmacy, which is considered more appropriate in the 90s.

The fascias will also carry the pharmacy's own trading identity. By including both, the pharmacist can impress upon customers the full value of the combined strength of the two organisations, say AAH.

The financial contribution from AAH is dependent on the design, size and location of the fascia.

PIP code to go seven figure

To help pharmacists handle the multiplicity of generic products the PIP Code Panel is proposing to individually code each available line. The Panel has also decided in principle to code ostomy products.

To cope with the large increase in code numbers it is proposed to increase the PIP code from six to seven digits. The change will require a review of PDT equipment and computer software by users. PIP code administrator Brian Dosser has written to users saying the NPA and C&D wish to consult as fully as

possible on the proposals.

It is intended to achieve the change as follows:

- Existing products will take a leading zero
- Modulus 10 check digit will be retained
- New codes with a first digit other than zero will not appear until January 1992
- Wholesalers and others with a requirement of large blocks of domestic numbers will eventually have both the 0600000 and the 6000000 range.

Consumers' rights on goods and services to be improved

The Government plans to introduce a Consumer Rights Bill in the next parliament which would strengthen the rights of consumers to obtain redress for faulty goods and services.

Consumer Affairs Minister Edward Leigh announced the proposals in a speech in Rotterdam to the Institute for Trading Standards Administration.

Mr Leigh proposed updating the Sale of Goods Act by replacing the term "merchantable quality" with one which would require goods to be fit for their intended purpose, free from defects, safe, durable and of appropriate appearance and finish.

Retailers who supply goods and services with a manufacturer's guarantee could be made liable together with the manufacturer under the guarantee, and manufacturers and importers could be made equally responsible with the retailer for the quality of any goods supplied.

Mr Leigh also proposed improving the quality of information available to consumers by updating the Trade Descriptions Act, so that it would cover services as well as goods. There would also be a move to strengthen the powers of the director general of fair trading to deal with "rogue traders".

Mr Leigh confirmed it was the Government's intention to introduce the new measures

through new legislation, to be spelt out shortly in a White Paper. The proposals will bring the UK into line with planned European Community

legislation — the EC's Unfair Contract Terms Directive is currently under negotiation in Brussels.

Creightons treble profits

Natural toiletries manufacturer Creightons Naturally recorded trebled pre-tax profits of £720,000 (1990 £243,000) for the year ending March 31, and turnover up by almost 40 per cent to £11 million (£7.9m).

Chairman Richard Collard said it had been "an unprecedented year

in sales activity" with turnover exceeding £10m for the first time in the company's history.

The company's exports increased by over £850,000 compared with last year and home turnover rose by 30 per cent. Earnings per share were up from 3.5p to 10.4p. A final dividend of 4.4p per share (making 6.2p per share) was recommended by directors.

Mr Collard said the company had also improved controls on the business, reducing stock levels by over £250,000 during the year. The company's cash position was improved by £661,000 and gearing reduced to around 12 per cent.

Mr Collard says he is concerned the recession is beginning to limit performance: the challenge is being met with a "vigorous attack on all aspects of operating costs".

Managers not banks to blame

There is little firm evidence that small businesses are being unfairly treated by banks, says the National Chamber of Trade, after questioning 150,000 members.

The NCT says the isolated criticisms indicate it is certain local bank managers who do not maintain the expected high standard of behaviour rather than generally banking.

Lloyds link with SOT buyer

A search of records at Companies House confirms a link between Lloyds Chemists and Sales Distributors (Walsall) Ltd. The latter bought parts of the SOT Healthcare Group from the receivers last week for an undisclosed amount (C&D p41).

The company report for the year to June 30, 1990 shows Sales Distributors was a dormant but wholly owned subsidiary of Lloyds Chemists plc. The company annual return, dated October 9, 1990 describes Sales Distributors as a private company limited by shares.

Meanwhile Lloyds are reported to have raised £6.4 million from the sale and leaseback of their new 130,000sq ft warehouse and office complex at the Centurion Business Park, Stonydelph. The *Nuneaton Evening Tribune* reports Lloyds have taken a 35 year lease on the property at an annual rent of £650,000, subject to five yearly review.

ALF attacks continue

Two branches of Boots in Oxford have been attacked as part of a campaign by the Animal Liberation Front in the city.

According to a report in *The Oxford Times* (June 28), the targets also included the University's physiology department, eight butcher's shops, a branch of Halfords and a furriers.

In a phone call to the newspaper, the ALF admitted the attacks, saying: "This is a campaign of economic sabotage to hit animal exploiters where it hurts."

The caller said that Boots were being targeted because of the use of animals in drug and cosmetics testing.

Cosmetics guide

The new *Cosmetics International Directory and Industry Guide* is out now. The guide gives a list of manufacturers, a country index, list of brands, retail buyers and suppliers, trade associations and magazines. Copies (price £85 to non-subscribers) are available from *Cosmetics International Group*, 332 Linen Hall, 162-168 Regent Street, London W1R 5TB. Tel: 071-434 1530.

Kingsgrange down

Kingsgrange, a toiletries supplier to Marks & Spencer, recorded pre-tax profits down £42,000 on the forecast made last month at £781,000. The company's turnover fell to £20 million (£20.9m), although margins rose from 6.6 per cent to 7.5 per cent.

Name change

Degussa Pharmaceuticals Ltd, the UK subsidiary of the German company Asta Pharma, have announced that from July 15 they will be known as Asta Medica Ltd.

Sandoz buy Dietique

Sandoz, the Swiss drugs and chemicals group, are to acquire Dietique et Sante, a dietary products company and a subsidiary of Rhone-Poulenc Rorer, for an undisclosed sum.

Murrays now plc

Murrays, the Chandlers Ford based suppliers of chemist sundries, have been re-registered as a public limited company. The company will, in future, trade as Paul Murray plc.

Advance information

Clinical contracts. Essential information for investigators, clinical and legal personnel, and managers, London, July 24. Details from Brenda Jackson on 0276 7336.

Skonhet. Beauty fair, seminars, shows and contests, Stockholm, Sweden, August 23-25. Details from Sollentuna Massan on 010-468 925 900.

Drophar 91. New trade fair for pharmacy, perfumery and cosmetics, Utrecht, Holland, August, 26-28. Details from Royal Dutch Fairs on 010 31 30 955911.

ICI seek pharmaceutical partner

Imperial Chemical Industries are looking for a partner for their pharmaceutical business and are prepared to spend over £1 billion on a deal.

During an interview between pharmaceutical division chief executive David Friend and the *Financial Times*, it was revealed that ICI had been seeking an alliance for some time but was not, contrary to rumours, negotiating with one particular company.

Mr Friend said he believed forming such an alliance was "strategically desirable" and that the company would benefit by being larger, possibly taking it into the world's top ten. ICI was listed as

17th last year. The hostile takeover bid from Hanson had not affected strategy, he claimed.

However, the ICI board want to keep control of the pharmaceuticals arm, which contributed 47 per cent of the group's profits last year. Only single figure profit growth is forecast over the next five years.

The objective of an alliance would be to increase ICI's stake in pharmaceuticals, though the company is not prepared to spend several billion on buying a similar sized pharmaceutical organisation, he added. He indicated an appropriate comparison would be last year's merger of Rhone-Poulenc with Rorer.

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About people

A visit from Romania



Posing for the camera (left to right) Anthony Sinclair, BBC journalist Ed Doolan who arranged the tour itinerary, Michael Covasa and Dr Jon Mihetiu

Chief medical officer of Suceava, Romania, Dr Jon Mihetiu, recently visited Birmingham. His tour included visits to several hospitals and two community pharmacies.

One of the pharmacies was A.G. Sinclair Chemist in Selly Oak, chosen because of its high level of technology, according to manager Anthony Sinclair.

Of particular interest to Dr Mihetiu was the twice daily automatic ordering system and the daily update of the computer programme. And he was "amazed" that pharmacists gave free advice to customers, nursing homes and doctors, and had to finance the purchase and equipping of their pharmacies.



Marina Bradley, sales executive, Europharm, congratulates Chee Ming Majoe of A.E. Hobbs pharmacy, Tunbridge Wells, on winning one of two prizes available in the first of Europharm's new bi-monthly prize draws, running until December. Every order placed through the company is automatically entered, and winners receive a duplicate order

Dr Peter Worling retires



Dr Peter Worling has retired as chairman of AAH Pharmaceuticals after 35 years in wholesale distribution.

After qualifying as a pharmacist from Robert Gordons College, Aberdeen, in 1950 and a period in manufacturing, Dr Worling joined Bradley & Bliss Ltd, Reading, in 1956. The group was acquired by the British Drug Houses Ltd in 1964 and the wholesaling interests of BDH and Glaxo combined to form Vestric in 1965.

Following a period as branch manager at Vestric, Ruislip, he moved to Edinburgh as Scottish regional director. In 1973 he was appointed commercial director at Vestric's head office in Runcorn, and he became managing director in 1979.

In 1985, Vestric was acquired by AAH Holdings plc and this provided Dr Worling with the opportunity to integrate Vestric into its successor AAH Pharmaceuticals. He has been working for the group in a part-time capacity for the last two years.

APPOINTMENTS

Donoghue to research into mental illness

Liverpool community pharmacist John Donoghue is the first of two pharmacists to be appointed by the Department of Health to look into the development of an integrated pharmaceutical service aimed at caring for mentally ill patients in the community.

Mr Donoghue says that during the course of his two-year project he is going to have to research the current situation, find out what all the professionals involved with the mentally ill perceive the pharmacist's role to be and then to find a consensus of the direction in which the pharmacist's role can develop.

"My ideal is that the pharmacist

will be able to offer expert advice direct to clients, advise the staff in homes, halfway houses and sheltered accommodation in the community and be in a position to input with community psychiatric nurses and GPs into care plans," he says.

"Hopefully, that won't take the full two years, because I then hope to start finding those people who have slipped through the net."

Mr Donoghue's project, which starts officially on September 1, is funded under a central initiative by the Department of Health. A second pharmacist working in a similar field in the Nottingham area has yet to be named.

Robinson Healthcare have introduced a customer service department, divided into four trading sectors. Sales co-ordinators of these are **Tracy Carpenter** (consumer multiples), **Julie Hollies** (consumer wholesale), **Christine Hindle** (hospital) and **Karen Crawford** (industrial/medical wholesale/animal care).

Swains have appointed three new area managers. **Ray Holland** has responsibility for the Midlands. **David Nice** is manager for the East Midlands and **Matt Pond** takes charge of central London.

Windsor Healthcare have appointed **Ruth Higham** as brand development manager for Hills balsam and Dulcolax. She was previously product manager for SMA at Wyeth Laboratories.

On the box...

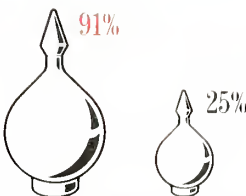
BBC's *Country File* last week featured pharmacist **Anthony Pinkus**, who is developing veterinary homoeopathic remedies. Other alternative veterinary treatments featured on the programme included acupuncture and chiropractic. And TVS local news featured Tonbridge pharmacist **David Poile** with relics of a bygone age in a story drawing attention to the Society's 150th anniversary.

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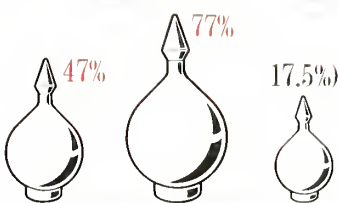
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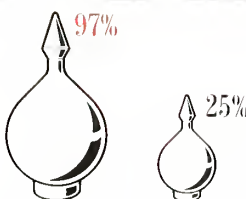
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CHEMIST & DRUGGIST HITS AT THE POINT OF DECISION

97% of pharmacist readers have Chemist & Druggist delivered into their place of work — the pharmacy

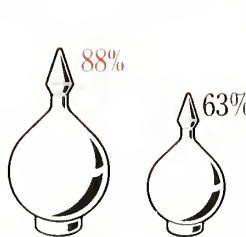
(Pharmaceutical Journal 25%)



CHEMIST & DRUGGIST IS THE DECISIVE AID TO SUCCESSFUL BUSINESS

Chemist & Druggist is rated useful for its practical commercial value in running a more successful business by 88% of community pharmacists who read it

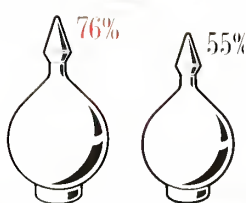
(Pharmaceutical Journal 63%)



CHEMIST & DRUGGIST CARRIES THE MOST USEFUL ADVERTISING

Advertisements in Chemist & Druggist are rated useful by 76% of pharmacist readers with purchasing responsibility

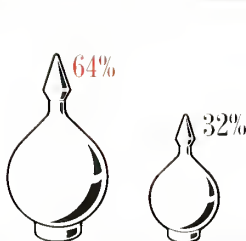
(Pharmaceutical Journal 55%)



CHEMIST & DRUGGIST INFLUENCES PURCHASING DECISIONS

Chemist & Druggist is rated useful in finalising OTC medicine purchasing decisions by 64% of community pharmacists who read it

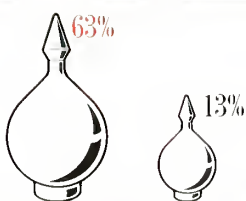
(Pharmaceutical Journal 32%)



SOURCE: Martin Hamblin Research Readership Survey, April 1991 (Base: Regular Chemist & Druggist readers in community pharmacy).

And Chemist & Druggist is found useful in finalising toiletries buying decisions by 63% of community pharmacists who read it

(Pharmaceutical Journal 13%)



Find out more about the Martin Hamblin survey and about what makes Chemist & Druggist the pharmacist's first choice by contacting Frances Shortland on 0732 364422.

CHEMIST & DRUGGIST

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